Quarterly Progress Report
July - September 31, 2013

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Prepared for
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LIST OF ACRONYMS

ADCH	-	Arthur Davison Children's Hospital
ANC	-	Antenatal Care
ART	-	Antiretroviral Therapy
ARTIS	-	Antiretroviral Therapy (ART) Information System
ARV	-	Antiretroviral
ASWs	-	Adherence Support Workers
AZT	-	Zidovudine
BD	-	Beckton-Dickinson
CD4	-	Cluster of Differentiation (type 4)
CHAZ	-	Churches Health Association of Zambia
CHC	-	Chronic HIV Checklist
CT	-	Counseling and Testing
DBS	-	Dried Blood Spot
DECs	-	Data Entry Clerks
DMOs	-	District Medical Offices
DNA PCR	-	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	-	Early Infant Diagnosis
EMS	-	Express Mail Delivery
ESA	-	Environmental Site Assessment
FHI	-	Family Health International
GIS	-	Geographical Information System
GRZ	-	Government of the Republic of Zambia
HAART	-	Highly Active Antiretroviral Therapy
HCWs	-	Health Care Workers
IT	-	Information Technology
KCTT	-	Kara Counseling and Training Trust
LMIS	-	Laboratory Management Information Systems
MCH	-	Maternal and Child Health
MIS	-	Management Information System
MOH	-	Ministry of Health
MSH	-	Management Sciences for Health
MSL	-	Medical Stores Limited
NAC	-	National AIDS Council
OIs	-	Opportunistic Infections
PCR	-	Polymerase Chain Reaction
PEPFAR	-	U.S. President's Emergency Plan for AIDS Relief
PMOs	-	Provincial Medical Offices
PITC	-	Provider Initiated Testing and Counseling
PLHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PwP	-	Prevention with Positives
QA	-	Quality Assurance
QC	-	Quality Control
QI	-	Quality Improvement
RA	-	Recipient Agreement
RHC	-	Rural Health Centre
SOP	-	Standard Operating Procedures
TA	-	Technical Assistance
TB	-	Tuberculosis
TOT	-	Training of Trainers
TWG	-	Technical Working Group
USAID	-	United States Agency for International Development
UTH	-	University Teaching Hospital
ZPCT II	-	Zambia Prevention, Care and Treatment Partnership II

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS THIS QUARTER

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five-year (2009 to 2014) US$ 124,099,097 task order with the United States Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II works with the Ministry of Health (MOH), the provincial medical offices (PMOs), and district medical offices (DMOs) to strengthen and expand HIV/AIDS clinical and prevention services in six provinces: Central, Copperbelt, Luapula, Northern, North Western and Muchinga. ZPCT II supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART). The project implements technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT); counseling and testing (CT); and clinical care services, including ART. Finally the ZPCT II support the expansion of MC sevices in 6 of the country's 10 provinces.

ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are the foundation for ZPCT II. During the quarter, ZPCT II provided support to all districts in Central, Copperbelt, Luapula, Northern, North Western and Muchinga Provinces. ZPCT II is further consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. At the same time, ZPCT II is working to increase the MOH's capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT II quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT II will implement quality and performance based plans to graduate districts from intensive technical assistance by the project's end.

ZPCT II continues to strengthen the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. The goal is not only to reduce death and illness caused by HIV/AIDS, but also to leave the national health system better able to meet the priority health needs of all Zambians.

The five main objectives of ZPCT II are to:

- Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the capacity of the PMOs and DMOs to perform technical and program management functions.
- Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.
- Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

This quarter, ZPCT II supported 427 health facilities (398 public and 29 private) across 45 districts this quarter. Key activities and achievements for this reporting period include the following:

- 183,599 individuals received CT services in 427 supported facilities. Of these, 131,201 were served through the general CT services while the rest were counseled and tested through PMTCT services.
- 52,398 women received PMTCT services (counseled, tested for HIV and received results), out of which 3, 700 tested HIV positive. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT was 3,277
- 132 public and 23 private health facilities provided ART services and all 155 report their data independently. A total of 7,390 new clients (including 449 children) were initiated on antiretroviral therapy. Cumulatively, 179,178 individuals are currently on antiretroviral therapy and of these 12,479 are children.
- MC services were provided in 51 public and three private health facilities this quarter. 10,895 men were circumcised across the ZPCT II supported provinces this quarter.

1,675 health care workers were trained by ZPCT II in the following courses: 1,001 in CT, 74 in PMTCT, 531 in ART/OI management, 43 in MC, 13 in ART commodity management (7 laboratory and 6 pharmacy), and 13 in equipment use and maintenance.
- 600 community volunteers trained by ZPCT II in the following: 529 in CT, and 71 in PMTCT
- This quarter, nine contracts were signed out of the 52 new refurbishments targeted for 2013. The remaining refurbishments are currently being evaluated and reviewed before contracts are awarded. Contract signing and commencement of works is expected next quarter.

KEY ACTIVITIES ANTICIPATED NEXT QUARTER (Oct. – Dec. 2013)

The following activities are anticipated for next quarter (October – December 2013):

- Secure a contract modification to extend the LOP period for at least two additional months
- Preparation of 2014 workplan and submission to USAID
- Assessments for health facilities, amendment of 64 recipient agreements (one UTH, six PMOs, 45 DMOs, and 12 hospitals). In addition, two subcontracts for CHAZ and KCTT will be amended
- Distribution of the furniture, medical supplies, and laboratory equipment across the six ZPCT II supported facilitiesSubmit the no cost extension budget for the ZPCT II project
- Conduct eight refresher trainings in Planning, Governance, HR and Finance management, in North-Western, Northern, Copper belt, Luapula and Central Provinces
- Upgrade SmartCare version V4.5.0.3 to V4.5.0.4 in all the ZPCT II supported sites that will require this service
- Collection of capacity building management indicators from graduated districts, mentorship in human resource and financial management, and trainings in governance and finance management planning
- Training of health care workers in use of the Chronic HIV Care checklist to screen for Gender Based Violence among clients at facility level
- ZPCT II is developing three research protocols in different subject areas including: male involvement in PMTCT, WeB2SMS and QA/QI

TECHNICAL SUPPORT NEXT QUARTER (Oct. – Dec. 2013)

- Rick Yoder, CardnoEM Consultant, will travel to Lusaka from October 10 – 22, 2013 to supervise data collection on DMO reassessments in Luapula, Copperbelt, Central and North-Western provinces. In addition, Violet Ketani, CardnoEM Business Development Manager, will provide technical assistance on the DMO reassessment activity during this period

ZPCT II Project Achievements August 1, 2009 to September 30, 2013

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jul–Sep 2013)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Sep 13)	Targets (Jan –Dec 2013)	Achievements (Jan –Sep 2013)	Male	Female	Total
1.1	***Counseling and Testing (Projections from ZPCT service statistics)***							
	Service outlets providing CT according to national or international standards	430	427(398 Public,29 Private)	430	427(398 Public,29 Private)			427(398 Public,29 Private)
	Individuals who received HIV/AIDS CT and received their test results	1,318,243	2,007,547	754,949	408,710	66,367	64,834	131,201
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT)[1]	2,175,030	2,859,534	754,949	571,573	66,367	117,232	183,599
	Individuals trained in CT according to national or international standards	2,000	1847	488	266	123	212	335
1.2	***Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)***							
	Service outlets providing the minimum package of PMTCT services	410	415 (389 Public,26 Private)	410	415 (389 Public,26 Private)			415 (389 Public,26 Private)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	856,787	851,987	227,116	162,863		52,398	52,398
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	87,900	82,325	23,100	13,248		4,451	4,451
	Health workers trained in the provision of PMTCT services according to national or international standards	4,200	3941	937	550	219	510	729
1.3	***Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)***							
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	430	427(398 Public,29 Private)	430	427(398 Public,29 Private)			427(398 Public,29 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)[2]	522,600	356,385	268,986	281,733	106,359	164,433	270,792
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	41,500	20,529	21, 409	19,425	9,675	9,489	19,164
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	2,500	2571	585	655	303	376	679
	Service outlets providing ART	170	155 (132 Public,23 Private)	170	155 132 Public,23 Private)			155 (132 Public,23 Private)
	Individuals newly initiating on ART during the reporting period	135,000	127,127	37,487	23,004	2,957	4,433	7,390
	Pediatrics newly initiating on ART during the reporting period	11,250	9,521	2,893	1,572	211	238	449
	Individuals receiving ART at the end of the period	205,102	179,178	205,102	179,178	70,955	108,223	179,178
	Pediatrics receiving ART at the end of the period	14,121	12,479	14,121	12,479	6,204	6,275	12,479
	Health workers trained to deliver ART services according to national or international standards	2,500	2571	585	655	303	376	679

[1] Next Generation COP indicator includes PMTCT

[2] **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

A. ART site - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.

B. Non-ART site - This is a count of HIV positive clients who received HIV-related care in Out Patient Departments (OPD) of the site during the reporting period (non-cumulative)

To get the total number of HIV-infected persons receiving general HIV-related palliative care for all ZPCT II supported site add A and B for the respective reporting period.

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jul–Sep 2013)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Sep 13)	Targets (Jan –Dec 2013)	Achievements (Jan –Sep 2013)	Male	Female	Total
	TB/HIV							
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	430	427(398 Public,29 Private)	430	427(398 Public,29 Private)			427(398 Public,29 Private)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	22,829	20,837	6,051	3,216	519	477	996
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	2,500	2571	585	655	303	376	679
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	32,581	40,666	4,152	9,028	1,763	1,298	3,061
1.4	***Male Circumcision (ZPCT II projections)***							
	Service outlets providing MC services	55	54 (51 Public,3 Private)	55	54 (51 Public,3 Private)			54 (51 Public,3 Private)
	Individuals trained to provide MC services	390	390	80	80	58	22	80
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	50,364	69,426	20,000	27,155	10,895		10,895
2.1	***Laboratory Support (Projections from ZPCT service statistics)***							
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	120	128 (113 Public,15 Private)	120	128 (113 Public,15 Private)			128 (113 Public,15 Private)
	Laboratories with capacity to perform cli nical laboratory tests	145	167 (141 Public,26 Private)	145	167 (141 Public,26 Private)			167 (141 Public,26 Private)
	Individuals trained in the provision of laboratory-related activities	900	926	130	105	108	47	155
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	5,617,650	5,692,127	1,179,819	1,091,023			368,670
2.2	***Capacity Building for Community Volunteers (Projections from ZPCT service statistics)***							
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,200	2108	500	568	265	320	585
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	1440	350	320	114	206	320
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	800	663	168	30	18	12	30
3	***Capacity Building for PHOs and DHOs (ZPCT II projections)***							
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	55	55	55	55			55
4	***Public-Private Partnerships (ZPCT II projections)***							
	Private health facilities providing HIV/AIDS services	30	29	30	29			29
	Gender							
	Number of pregnant women receiving PMTCT services with partner	N/A	274,179	86,652	61,548		20,911	20,911
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	659,092	N/A	137,146	20,739	26,500	47,239

QUARTERLY PROGRESS UPDATE

Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

1.1: Expand counseling and testing (CT) services

427 facilities provided CT services (398 public and 29 private). The ZPCT II staff continued to provide technical assistance (TA) to HCWs and lay counselors to strengthen CT services, maintain a high uptake of testing and collection of same day results and strengthen the linkage to clinical care for ART services in these supported sites. A total of 131,201 clients received counseling and testing services. Of these, 15,851 clients were HIV positive and were referred for assessment for ART. Our TA focused on:

- Strengthening couple counseling and testing: This was prioritized and emphasis was on early linkages to care and treatment for discordant or concordant positive couples in line with the national HIV treatment guidelines. 26,277 individuals treceived CT as couples and 487 of these were discordant couples, and all were referred for ART services. The number of couples testing has increased especially in PMTCT as a result of continuous mentorship of HCWs. During the reporting period, a total of 47,138 tested as couples compared to 43,964 in the last quarter.

- Integrating CT into other health services: Provider initiated CT in FP, STI, TB and MC services is ongoing. During this quarter, 9,954 CT clients were referred for FP and 6,732 of them were provided with FP services while 18,605 FP clients were provided with CT services. As part of TB/HIV integration under CT services, 1,586 TB clients with unknown HIV status received CT services. A total of 13,079 uncircumcised male clients who tested HIV negative were referred for MC services.

- Strengthening of retesting of HIV negative CT clients: A total of 31,760 clients were re-tested for HIV this quarter and 3,947 sero converted. Those who sero converted were linked to care, treatment and support services.

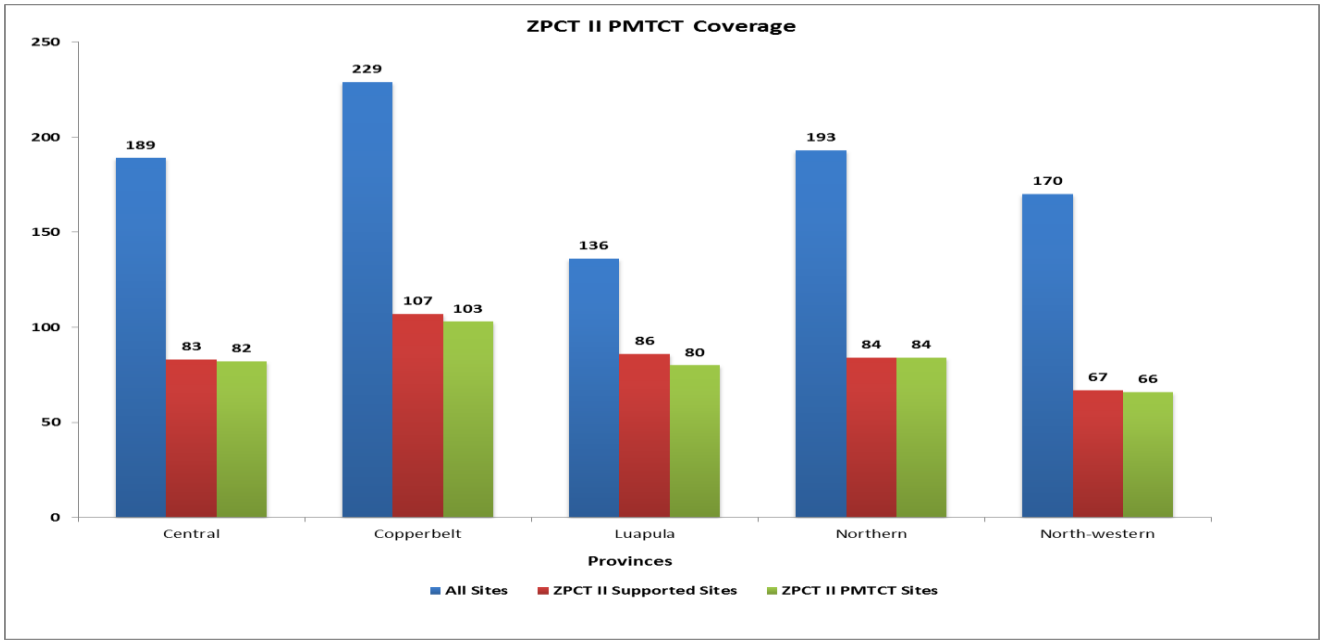
- Pediatric CT services: Routine child CT continued to be strengthened in both under-five clinics and pediatric wards through mentorship of both HCWs and lay counselors. This quarter, 13,125 children were tested for HIV in under-five clinics and 7,518 in pediatric wards across the six supported provinces. Of these, 1,014 tested positive, received their test results and 660 were linked to care and treatment services and entered on Pre-ART. 449 children were commenced on ART.

- Screening for chronic conditions within CT services: During this reporting period, a total of 23,573 clients were screened for chronic conditions in the CT services compared to 19,544 clients in the previous quarter.

- Integrating screening for gender based violence (GBV) within CT services: Screening for GBV remained a priority this quarter with continued monitoring of services through use of the CHC checklist in all service areas. Referral of victims of GBV to other service areas such as counseling, medical treatment, emergency contraception and legal aid continued.

1.2: Expand prevention of mother-to-child transmission (PMTCT) services:

389 public and 26 private health facilities provided PMTCT services in the six ZPCT II supported provinces. ZPCT II technical staff provided TA in PMTCT to HCWs and lay counselors in all the facilities visited this quarter.



ZPCT II continued implementation of routine HIV testing during the first ANC visit using an opt out strategy, provision of more efficacious regimens (combination ARVS) for PMTCT, couple counseling, early infant diagnosis using DBS. A total number of 52,398 clients were provided with PMTCT services, 3,700 were HIV positive and 3,227 received ARVs for PMTCT. A reduction in the number of HIV positive women who received ARVs for PMTCT was due to stock out of PMTCT drugs in some selected facilities of Northern, Luapula, Copperbelt and Central provinces.

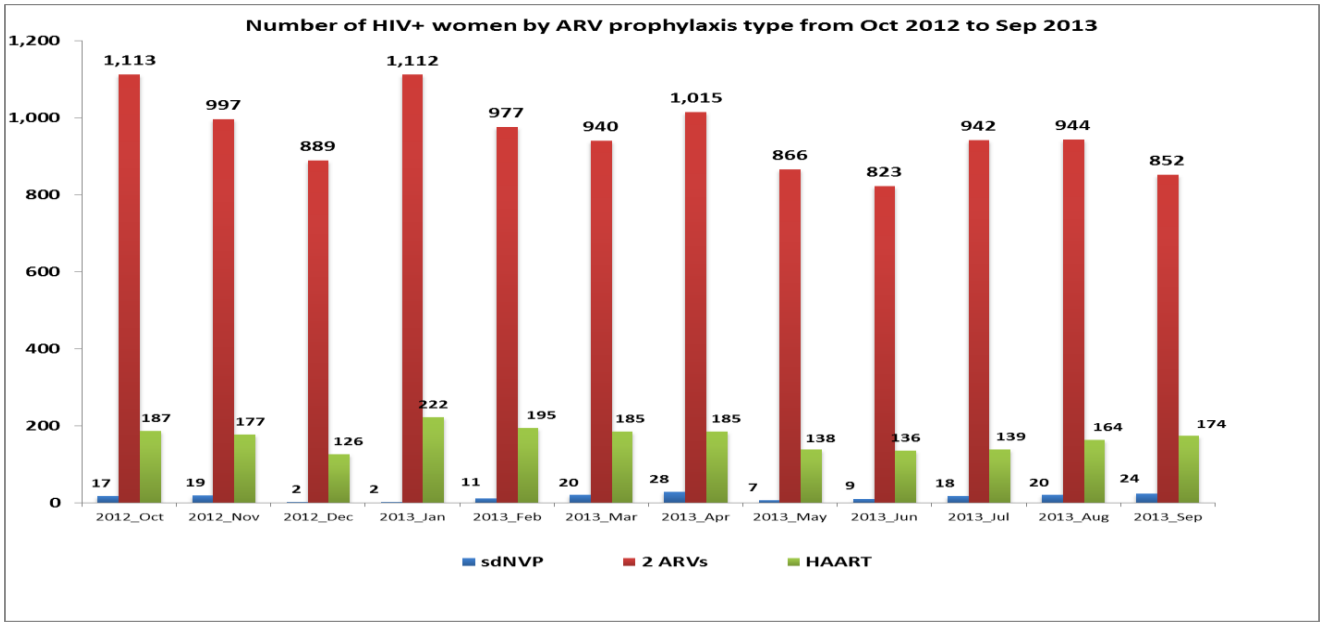
At national level, ZPCT II staff participated in the TOT workshop organized by MOH as a step forward to move towards option B+ which entails lifelong ART for all HIV positive pregnant women. Roll out of Option B+ will be done in a phases with 27 ZPCT II supported facilities selected for the initial roll during this quarter out of a total of 96 facilities in phase one nationwide.
During the reporting period, the area of TA focus in PMTCT included:

- Access to CD4 assessment or WHO staging: This quarter, access to CD4 for HIV positive pregnant was at 55% (2042) , compared to 54% (1967) in the last quarter. Challenges included motorbike breakdowns affecting specimen referrals and poor documentation of the CD4 results in PMTCT registers in some selected facilities.

- Provision of more efficacious ARV regimens for HIV positive pregnant women: The provision of ARVs for PMTCT in this quarter has dropped due to low stock of Zidovudine (AZT) 300mg and stock out of nevirapine 200 mg at the national level affecting selected facilities in Central, Northern and North Western Provinces. ZPCT II technical staff has continued to work with the affected facilities to strengthen and improve the availability of these important ARVs. Out of 2,536 HIV positive pregnant women that were assessed for eligibility by CD4 count or WHO clinical staging, 765 were eligible for HAART (CD4 <350) and 464 of them were initiated on HAART. Those who were not eligible for HAART were initiated on combination ARV prophylaxis of AZT/NVP.

- Re-testing of HIV negative pregnant women: This is onging and during this reporting period, 15,794 pregnant women were re-tested for HIV compared to 14,800 in the previous quarter. Of those re-tested, 464 tested HIV positive (sero-converted). All those that sero-converted were provided with ARVs for PMTCT prophylaxis or referred for HAART according to their eligibility based on the current PMTCT guidelines.

- Strengthening early infant diagnosis (EID) of HIV for exposed babies: Efforts to strengthen EID through DBS collection for all exposed infants has continued in the ZPCT II supported facilities. A total of 5354 samples were sent to the PCR laboratory at ADCH from 241 health facilities providing EID services, out of which 254 were reactive (4.7%).



Other TA areas of focus under eMTCT included:

- Integrating family planning within ANC/PMTCT and ART services: ZPCT II technical officers have continued to mentor both HCWs and PMTCT lay counselors on the integration of FP counseling in PMTCT and ART to clients seeking PMTCT and ART services. The providers were mentored on how to document the services in respective registers.

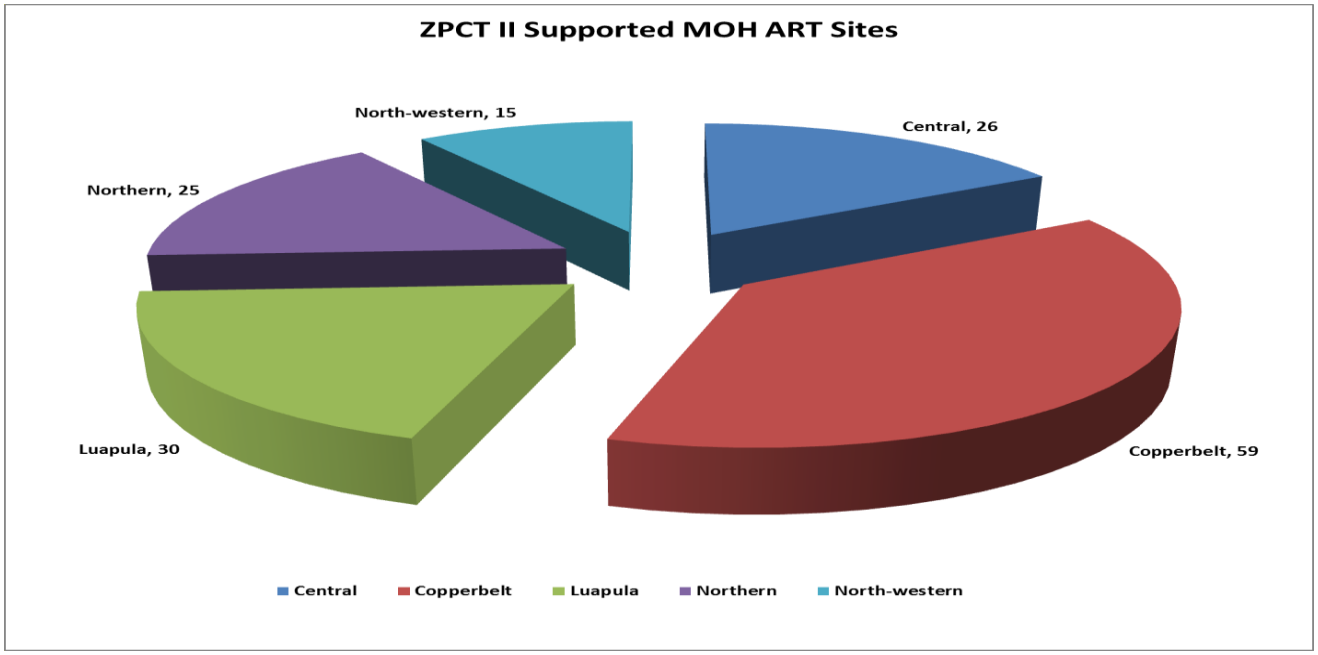
- HIV retesting study: Data analysis and evaluation of the study is ongoing.

- Project Mwana to reduce turnaround time for HIV PCR results: The scale-up to new facilities has been affected by lack of funds from the MOH. The majority of the sites are actively sending DBS samples and receiving results whithin 4 weeks in this quarter. Out of 118 facilities currently implementing Mwana program, 101 facilities sent DBS samples and received results in the period underreview. Some Community based agents (CBAs) reported having lost their phones therefore were unable to use *remindmi* system for tracing mothers in their zones.

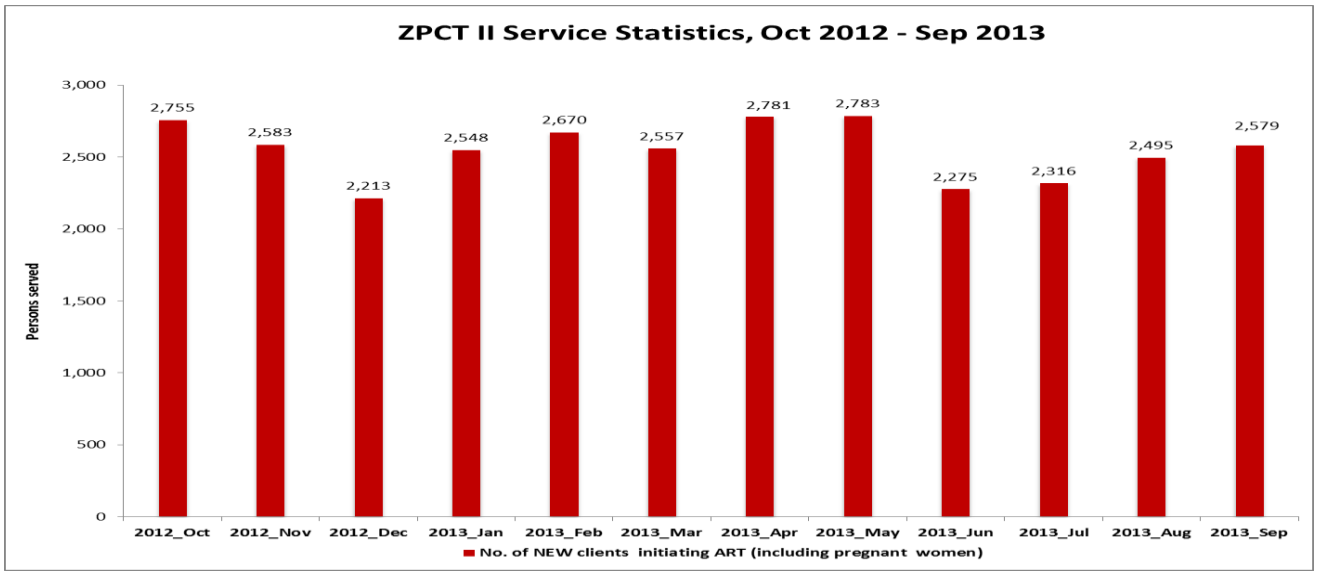
1.3: Expand treatment services and basic health care and support

ART services

132 public and 23 private health facilities provided ART services in the six ZPCT II supported provinces. All the 132 public ART facilities report their data independently.



7390 new clients (including 449 children) were initiated on antiretroviral therapy this quarter, out of which 4433 were females. This included 505 pregnant women that were identified through the PMTCT program – this is approximately 66% of all eligible HIV positive pregnant women. Cumulatively, there are now 179,178 patients that are receiving treatment through the ZPCT II supported sites, out of which 12,479 are children.



This quarter, the TA focused on the following:

- Strengthening immediate initiation of HAART for certain conditions as per 2010 ART national guidelines: This is ongoing and the following were some of the achievements during this period: 281 out of 444 HIV positive new TB patients, representing 63 % were initiated on ART within 60 days of starting TB treatment. Individuals in discordant couples as well as TB-HIV co-infected individuals were initiated on treatment according to national guidleines as well. Next quarter, the national ART program is expected to roll out the revised 2013 HIV management guidelines which will be comprehensive and both ART (adult, adolescent and pediatric) and PMTCT will be intergrated into the program. More liberal eligibility criteria for starting ART is expected.

- HIV Nurse Practitioner (HNP) program: ZPCT II continued to provide technical assistance and hands on mentorship to trained HIV Nurse Practitioners (HNPs) in all the supported facilities. Many of them have continued to run ART services effectively as ART incharges, focal point persons and related responsibilities. A number of them have been exempted from routine staff rotations and are stationed at

ART clinics for continued smooth operation of ART service provision. After submission of the HNP program evaluation report next quarter by General Nursing Council (GNC) and stakeholders, ZPCT II awaits policy direction on the HNP program from MoH on recognition of HNPs, associated hierarchy and emolument issues and future scale up plans.

- Web2SMS initiative: This is ongoing. One of the collective challenges being faced with this activity in many facilities is prompt access to data bundles for internet access. A solution has been found and which involves the use of the APN system. This technical approach has been agreed by ZPCT II IT unit with MTN and will allow health facility DECs to access FHI 360 internet services on order to send SMSs which will be more efficient. The ZPCT II team continued to provide technical assistance in the complementary roles of Web2sms. ZPCT II also fast tracked encrypted DBS results and the Mwana health program with regard to the detailed flow charts that were developed as job aids to help facility staff and supervisors in managing the EID and patient tracking system processes.

- Post exposure prophylaxis (PEP): ZPCT II continued providing TA to the 330 facilities providing PEP services. All supported facilities were using the standard national PEP register for reporting and the standard full ART regimen for prophylaxis. Facilities identified with PEP exposure type II (occupational exposure) were provided with technical assistance in using infection prevention guidelines (IPGs). A total of 149 clients received PEP services during the quarter under review broken down as follows: exposure type I (sexual) 77, exposure type II (occupational) 50 and other exposure 22.

- Model sites: During the quarter under review, ZPCT II supported mentorship activities across model sites in North Western and Luapula provinces with the objective of updating HCWs with the latest information and upgrade their knowledge and skills in their respective technical areas.

Pediatric ART activities

ZPCT II supported the provision of quality pediatric HIV services in 132 ART sites this quarter. From these facilities, 449 children were initiated on antiretroviral therapy, out of 148 were below two years of age. Of all the children ever initiated on treatment, 12479 children remain active on treatment.

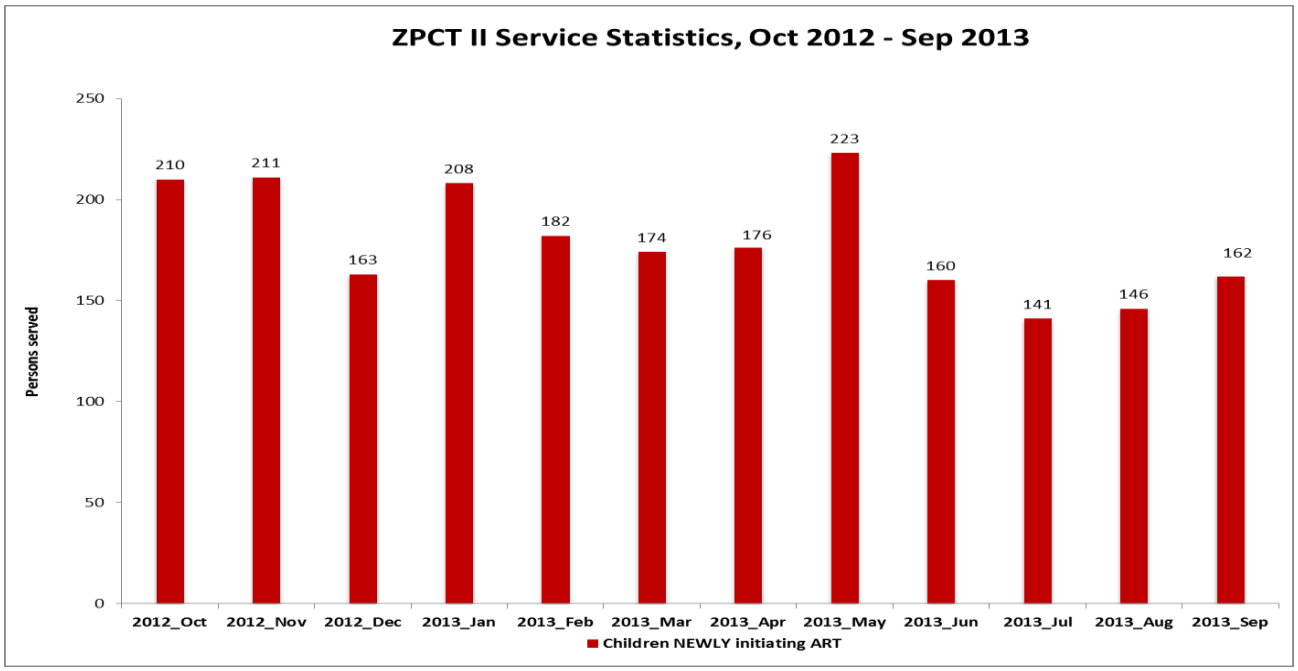
The focus of technical assistance by ZPCT II for pediatric ART included:

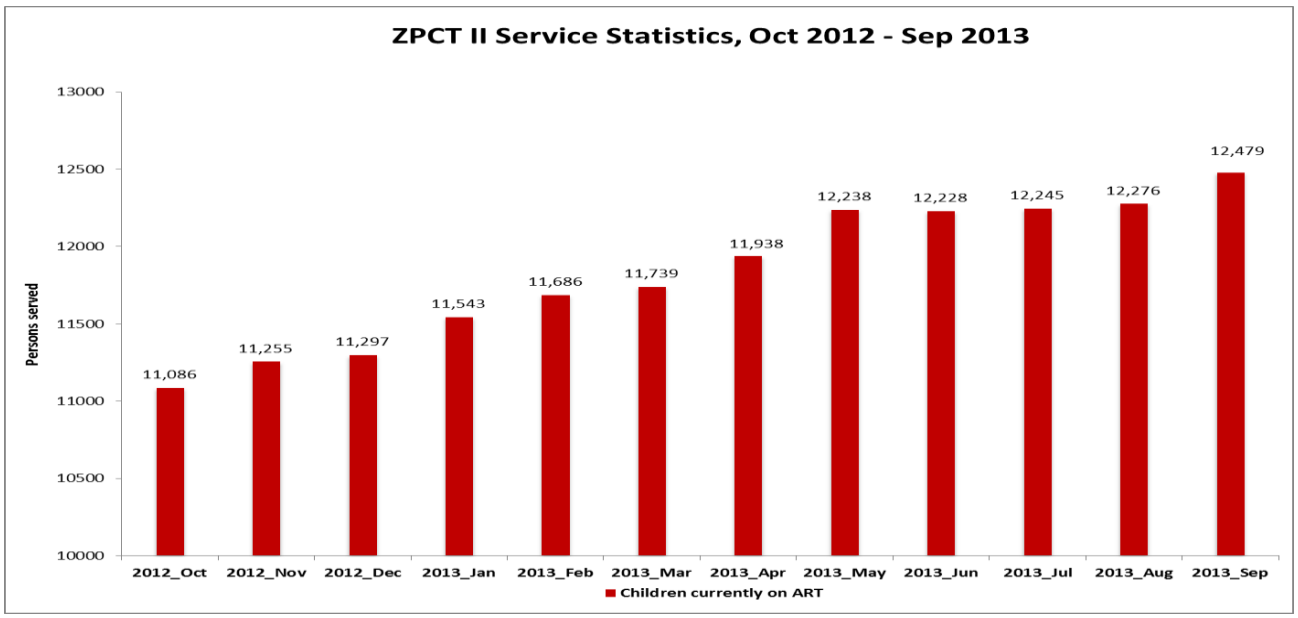
- Strengthening of early infant diagnosis of HIV and enrollment into HIV care and treatment: ZPCT II continued utilization of different systems to reduce the turnaround time for results in the EID program and early initiation on treatment for those found to be HIV positive. This includes fast tracking encrypted DBS results through email to provincial staff for onward submission to health facilties, web2sms and Mwana health project. Technical support was provided across the six supported provinces in the follow up and initiation on ART of DNA PCR positive babies. During the quarter, 306 children below the age of 24 months were HIV positive out of which 148 were initiated on ART according to the 2010 standard treatment guidelines.

- Adolescent HIV services: 12 adolescent HIV clinics were operational this quarter. Copperbelt, North-Western, Northern/Muchinga, Central and Luapula Provinces conducted the adolescent HIV support group meetings to address ART adherence, stigma, disclosure and sexual reproductive health challenges for adolescents. A total of 224 adolescents were initiated on ART during this period, while 13,334 are currently on ART.

- National SmartCare revisions activities: Next quarter, after the launch of revised 2013 HIV guidelines, SmartCare forms will be revised to accommodate expected changes in the national guidelines in line with patient management.

- National level activities: At national level, in collaboration with MOH and other partners, ZPCT II participated in the development of orientation package for option B+. ZPCT II also participated in the training of trainers (TOT). ZPCT II was also involved in the consolidation of revised 2013 HIV guidelines.





Clinical palliative care services

398 public and 29 private health facilities provided clinical palliative care services for PLHA this quarter. A total of 270,792 (including 19,164 children) clients received care and support at ZPCT II supported sites. The palliative care package consisted mainly of provision of cotrimoxazole (septrin), and nutrition assessment using body mass index (BMI). In addition, ZPCT II also supported screening of chronic conditions such as hypertension and diabetes mellitus.

- Managing HIV as a chronic condition: ZPCT II supported screening for selected chronic conditions in patients accessing HIV services. This quarter, 10,983 patients were screened for diabetes using the chronic HIV checklist.

- Nutrition assessment and counseling: ZPCT II supported the clinical assessment and counseling of nutrition in HIV treatment settings using body mass index (BMI). A total of 10,060 were assessed for nutritional status using BMI.

- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, 9,183 clients were screened for GBV in ART clinical settings primarily by ASWs. Those found to have GBV

issues were referred to other services as needed such as those needing further counseling, shelter, economic empowerment support and paralegal services etc.

- Cotrimoxazole prophylaxis: This quarter, ZPCT II supported the provision of cotrimoxazole for prophylaxis to PLHA both adults and children, in accordance with the national guidelines. 7,007 clients were put on cotrimoxazole prophylaxis, including 2,935 initiated on Cotrimoxazole through the PMTCT program.

1.4: Scale up Voluntary Medical Male Circumcision (VMMC) services

ZPCT II supported 54 VMMC sites (51 public and 3 private health facilities) in providing services according to the set national standards. Technical assistance, mentorship and supportive supervision were provided in the sites. During the reporting period, 10,895 men were circumcised (7,261 in static sites and 3,634 through outreach MC services). Out of these, 7,862 were counseled and tested for HIV before being circumcised (72.1 %).

- Mentorship and supervision of HCWs providing MC services: During the quarter technical assistance and mentorship was provided in all the 55 MC sites with a focus on data management and reporting, post operative adverse event monitoring, infection prevention and instrument maintainance as well as intergrating MC commodity management into the facility pharmacy system for accountability. Since all supported public health facilities have been supplied with re-useable surgical instruments, orientation meetings for hygiene assistants and HCWs on instrument maintenance techniques where held. In addition, to ensure minimum standards of infection prevention in second level health centres without minitheatres, the MC unit worked closely with program unit to procure buckets for both hand washing and instrument processing.

- Capacity building: 3 trainings were conducted for 80 HCWs in the basic surgical skills for MC in three provinces (Copperbelt, Luapula, North-Western) this quarter. Additionally the provinces had been involved in providing on-going post training follow-up to HCWs that were trained in the second quarter. Provinces also continued to provide feedback on the MC service delivery standards through the use of the HPCZ accreditation assessments tools.

- MC outreach activities: This quarter ZPCT II conducted 16 outreach MC activities using the district based model during the August school campaign period. ZPCTII provincial offices worked with the DMOs to plan for the VMMC outreach activities in supported districts. This quarter, ZPCT II offered MC outreach activities in 16 districts across the supported provinces and a total of 3,634 men were circumcised.

- Data management tools /Job aids / IEC materials for MC: During the reporting period, the ZPCT II provincial teams held 5 district data review meetings to ensure program ownership and support by the DMOs. In addition, each site received TA support from the ZPCT II M&E officers on improving data recording in the registers as well as clients forms.

- National level MC activities: ZPCT II participated in all MC TWG monthly meetings. During the quarter, the MC TWG meeting focused on providing guidance on MC commodity management, strengthening the supervison by the provincial and district medical offices, demand creation strategy through traditional leaders and developing the national standard AE and QI tools.

TB-HIV services

ZPCT II supported health facilities to strengthen TB/HIV services during this quarter. The focus for technical support included:

- Improving screening for TB: Intensified Case Finding (ICF) for TB continued in the supported health facilities with 11,619 patients seen in clinical care/ART clinics screened for TB in the clinical settings, 940 patients receiving HIV care and treatment were also receiving TB treatment. 416 TB patients were started on ART. About 1, 097 of the 1,549 TB infected patients with unknown HIV status received counseling and testing for HIV in the quarter.

- TB and ART co-management: ZPCT II staff mentored and monitored the linkages for HIV positive TB clients who are eligible for ART and to determine how early they were initiated this quarter. Trends show that 77% of clients were initiated on ART within 60 days of starting TB treatment compared with 32.5% who were intiated after 60 days. Further work at program level needs to be done to further enhance ART uptake in the first 30 and 60 days respectively.

- Improving screening for TB: Intensified Case Finding (ICF) for TB continued in the supported health facilities with 5,524 patients seen in clinical care/ART clinics screened for TB in the clinical settings, 996 patients receiving HIV care and treatment were also receiving TB treatment. 444 TB patients were started on ART. About 1,118 of the 1,586 TB infected patients with unknown HIV status received counseling and testing for HIV in the quarter.

- TB and HIV co-management: ZPCT II staff mentored and monitored the linkages for HIV positive TB clients who are eligible for ART and to determine how early they were initiated this quarter. Trends showed that 63% of clients were initiated on ART within 60 days of starting TB treatment compared with 36.1 % who were intiated after 60 days. Additional work at program level is being done to further enhance ART uptake in the first 30 and 60 days respectively.

- Establish referral of TB/HIV co-infected patients from ART clinics to TB corners: Discussions have been held with district and facility TB/HIV coordinators in three districts on implementing the one stop services for TB and HIV. Next step is to identify TB facilities that do not have ART services and train health care workers to manage treatment of TB/HIV co-infection.

- The 3 I's protocol: ZPCT II, CIDRZ and TB CARE I worked on developing a data base that will be used to monitor performance of the 3 Is project in the selected ART clinics. The data base will be used by all partners, on behalf of the MOH.

Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

2.1: Strengthen laboratory and pharmacy support services and networks

Laboratory services

ZPCT II supported 96 laboratories in public health facilities and 17 laboratories in the private health facilities this quarter with 98 of these laboratories having the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis. This quarter, ZPCT II provided support in technical assistance, renovations, equipment maintenance, training and procurement of equipment.

- PCR laboratory at Arthur Davison Children's Hospital**:** During the quarter the newly recruited biomedical technologist for the laboratory reported for duty. This will greatly help with the staffing situation. In addition, ZPCT II continues to utilize rotational support to support services in the PCR lab. As part of quality assurance/quality improvement processes, the laboratory has since re-introduced the double data entry system and effected a modification to the database to add a validation field that will enable Mwana program to pull only verified data for transmission. Additionally, all the processes in the laboratory have been mapped and a quality improvement plan has been drawn to monitor the performance of these changes.

  This quarter, the PCR laboratory received the second EID proficiency test panel for 2013 under CDC Global AIDS Proficiency Test Program. The panel is yet to be tested. Also, the laboratory experienced two stock outs of PCR reagents (Roche Amplicor Kits) during this reporting period which was mainly due to delayed delivery by Medical Stores and expiry of the reagents at national level. This however did not cause any major backlogs in the laboratory.

- Improving turnaround time for HIV PCR results: Data entry remains a challenge in the laboratory. In order to address this, the manager has designed a workflow map within the lab to create more time for the data entry clerks to focus on data entry. All data entry processes have been mapped. A third data

enrty clerk has been requested to help address the increased demand with additional data management requirements with the incoming of the Mwana program.

- Specimen Referral System: Specimen referral activities continued at the usual rate, and ZPCT II continued to support its implementation. An average of 53,350 samples were referred from 262 facilities to 96 laboratories with CD4 testing capacity.

- Point of care CD4 using PIMA: During the quarter PIMA implementation guidelines were signed by the Permanent Secretary (PS) at the Ministry of Health. ZPCT II submitted a list of potential sites for PIMA placement as requested for by the the laboratory services unit in the MoH. Ministry of Health (MoH) and Ministry of Community Development Mother and Child Health (MCDMCH), in collaboration with Clinton Health Access Initiative (CHAI), also conducted site assessments to determine eligibility for placement of the analysers across the country.

- Internal quality control (IQC): The tracking tool introduced last quarter gathered data on the use of the MOH approved internal quality control forms. Out of 143 laboratories twenty four percent (24%) scored above average while twenty one percent (21%) were below average. Only eight percent (8%) were very good and clearly demonstrated full use of the forms with consistent entries, regular reviews and appropriate corrective actions being done as prescribed in the standard operating procedure. With these findings provincial staff will be able to provide focused technical assistance and mentorship to facilities that have not fully implemented the forms.

- External quality assurance: ZPCT II supported the MOH approved external quality assurance programs as follows:

    - *CD4 EQA Program:* Not all sites enrolled on the UKNEQAS CD4 external quality assessment program received feedback from the reference laboratory on their performance. As a consequence the tracking tool that was introduced last quarter to monitor the performance of participating facilities was not fully utilized. The reference laboratory has been contacted to determine the delay in feedback and ZPCT II is working with them to resolve this. However, among the sites that have received feedback, those scoring outside two standard deviations have been noted and will be receiving focused technical assistance and trouble shooting will be jointly done with facility staff to determine root causes of poor performance.

    - *TB EQA and other TB diagnostic activities:* During the quarter seven TBCare I-procured Gene X-pert machines which were installed in ZPCT II supported sites including Liteta District Hospital, Kabwe General Hospital, Lubuto Clinic, Kapiri Urban, Ndola Central Hospital, Chavuma Clinic and Kitwe Central Hospital. Onsite training was provided by TBCare I to HCWs in these sites. In addition, ZPCT II submitted a request to train its laboratory technical officers by to TBCare I.

    - *HIV EQA Program:* During the reporting period the national reference laboratory confirmed completing the compilation of feedback reports to ZPCT II supported sites and advised that the sending of hard and electornic copies to ZPCT II would be enforced by the third week of October 2013. ZPCT II reiterated the offer to assist with distribution of panels to district hubs and also to specific sites when possible. This is to ensure that all supported sites participate in the external quality assessment program for HIV testing. ZPCT II has received the hard copies and is preparing them for distribution.

    - *10th Sample QC for HIV testing and other EQA Monitoring:* This is ongoing.

- Commodity management: The newly MoH-procured haematology Sysmex analyser series discontinued testing due to a central stock out of controls. Some facilities were advised to use carry-over samples as controls to avert expiry of reagents. EDTA stock outs were also experienced at some facilities during the quarter although these were available at Medical Stores Limited. Additionally the stock out of calibrite beads for the FACSCaliburs persisted and testing for CD4 was performed mainly on FACSCounts. The overall status for ABX and FACSCount reagents was stable and there were no disruptions in testing. However, Pentra C200 reagents for Chemistry testing were still stocked out and facilities had to use the Humalyser 2000 for Liver and kidney function tests or otherwise refered

samples to facilities with the Cobas Integra or C111. DBS supplies for the early infant diagnosis (EID) program during the quarter were relatively stable.

- Equipment: Overall ZPCT II supported sites experienced minimal breakdowns of equipment except for the Copperbelt province with six (6) breakdowns of chemistry analysers. Sites that were affected are Arthur Davidson Childrens Hospital, Kansenshi Prison, Thompson Hospital, and Ipusukilo, Buchi, Bulangililo and Twapia clinics. With ZPCT II support, the respective vendors have been notified and referral activities were commenced to ensure minimal interruptions in testing services. There were six breakdowns of haematology analysers and the sites affected were Chawama Clinic, Arthur Davidson Childrens Hospital, Ndola Central Hospital, Luangwa Clinic, Ndeke Clinic and Kansenshi Prison Clinic. Referal activities for these sites were put in place while for ADCH and NCH back-up equipment was available. The respective vendors have been notified and the picture is expected to improve by next quarter. ZPCT II will continue to make follow-ups to ensure the instruments are attended to in the minimal time.

Pharmacy services

Technical support to pharmaceutical services was provided as per routine. The major focus of technical assistance was on mentoring facility staff on good pharmaceutical practices, dispensing, medication use and enforcing adherence counseling to ensure better patient outcomes, rational utilization of essential medicines and medical supplies including MC supplies. Other focus areas were on strengthening commodity management systems, including provision of guidance on improving stores management, timely ordering of products and proper use of consumption data to improve stock availability, and reduce on stock imbalances at service delivery points in supported provinces.

- ARTServ dispensing tool: The ARTServ database was operational in 80 facilities (76 public and 4 private sites) in all the ZPCT II supported provinces. Routine servicing and maintenance schedules were done and all nonfunctional computers were repaired although a few needed to be replaced. Focused technical support was provided to sites that were not able to fully operationalize the tool.

- Smart Care pharmacy module: ZPCT II monitored the performance of the SmartCare integrated pharmacy module at 17 facilities using the system, with all being functional during the quarter. The backlog at Mbereshi Mission Hospital caused by a blown network interface card persisted this quarter as well. SmartCare v4.5.0.5 was rolled out as planned and ZPCT II upgraded all the 17 sites with the latest version and will scale up as the networking in the other facilities are completed. This quarter some facilities such as Kabompo District Hospital and Nchanga North General Hospital were not able to produce accurate reports and perfom dispensations to eligible clients. Databases for the two sites were collected and passed on to the programmers at CDC for resolution of the problem.

- Pharmaceutical Management: There was increased emphasis on sustainability and building capacity of healthcare workers to manage pharmaceutical systems. ZPCT II continued monitoring the storage specifications in the facilities and conducted repairs of air conditioners and planned to replace room thermometers where these were not available. Adverse Drug Reaction (ADR) monitoring and reporting at some non-ART sites was not being done due to inadequate knowledge of healthcare workers and non availability of ADR registers and other IEC materials. Orientations and on the job trainings were conducted by ZPCT II staff and the missing registers and IEC materials were supplied. Further emphasis was made on the need to hold Drugs and therapeutic committee (DTC) meetings where these were not being regularly held.

- Rational Medicine Use: The current global increase in the use of Tenofovir based regimens affected global production of products such as TRUVADA (Tenofovir/Emtricitabine) and ATRIPLA (Tenofovir/Emtricitabine/Efavirenz) and this impacted adversely on central level stocks. Ministry of Health sent out a memo giving guidance on how to manage these products more efficiently and effectively to avert stock outs. ZPCT II assisted to resolve this matter and the situation normalized by the end of the reporting period.

- Supply Chain Management: Technical assistance visits were conducted during this quarter with a focus on monitoring quality of services and to strengthen commodity management systems in facilities offering ART services and general pharmacy practice:

- *Post Exposure Prophylaxis:* A number of sites that did not have PEP corners were visited this quarter and ZPCT II provided focused TA and mentorship on the provision and management of the commodities required for PEP. PEP regiters were also provided, as well as facilitating access to medicines for service delivery.

- *Commodity management:* There were some stock imbalances noted at some sites due to non supply and late deliveries by MSL. This was attributed to the change in delivery schedules experienced in the quarter as a result of the renovations that took place at MSL. ZPCT II followed up and assisted with getting supplies form MSL as well as with redistribution within the affected provinces. ZPCT II continued to participate in national level activities focused on planning for various commodities in support of the ART, PMTCT, OI and STI, MC, Reproductive Health and other programs closely linked to HIV/AIDS services provision.

- *Public Private Partnership:* Private sector facilities were visited to ensure promotion and strengthening of quality pharmacy services for PEP, PMTCT and ART programs. Efforts to resolve the major challenges identified which limited access to ARV drugs from the public sector progressed well, resulting in a number of facilities getting stock especially in North Western province.

- *ARV Logistics System Status:* ZPCT II continued to monitor the implementation of the ARV LS. Although during the quarter there were reports of low stocks of ATRIPLA, TRUVADA, Zidovudine 300mg and Abacavir 300mg tablets due to stock imbalances at central level, complete stock outs at service delivery point level were averted through intensified stock level monitoring In North Western province however, there was an overstock at some CHAZ facilities and ZPCT II in collaboration with PMO assisted in the redistribution to resolve stockouts at affected sites. There were reports of stock out of cotrimoxazole tablets in Northern province due to non supply by MSL, but this was also followed up and rectified during the quarter.

- *PMTCT Logistics System:* Nevirapine 200mg tablet stock out at some sites due to a central level stock out. However, the situation normalized towards the end of the reporting period and facilities were advised to restock their supplies. There were few reports of stock outs of other PMTCT drugs at certain facilities due to non-adherence to the correct reporting systems. ZPCT II continues to monitor the situation and to provide technical assistance to the facility staff.

This quarter SCMS supplied ZPCT II with Lidocaine 2%, 20ml vials. However, as we did not receive other complementary MC commodities at the same time due to a variance in lead time for the products, this had an effect on the August MC campaign which was characterized by low stocks especially for Copperbelt province. Inter-provincial stock redistribution was effected to alleviate the stock imbalance. In addition 780 MC re-usable instrument sets were received although the package did not have the mosquito forceps as was the case with an earlier consignment. SCMS was informed of this development and they are in the process of contacting the supplier in order to rectify this. The following MC bulk supplies were distributed to the six ZPCT II provincial offices; Gauze swabs, nurse caps, face masks, adhesive tapes and examination gloves..

- Guidelines and SOPs: The revised Pharmacy SOPs will be printed by ZPCT II once MOH officially communicates. It is hoped that this can be done in the shortest possible time to facilitate printing and dissemination of the documents before the end of the year.

2.2: Develop the capacity of facility and community-based health workers

Trainings

A number of trainings were supported by ZPCT II during the quarter. The trainings conducted are as follows:

- *Counseling and testing:* 176 HCWs were trained in CT (61 in basic CT, 30 in child CT, 45 in CT supervision, and 40 underwent refresher training in CT). In addition, 377 lay counselors were trained in CT (98 in basic CT, 57 in child CT, 100 in couple CT, 24 in CT supervision, and 98 underwent refresher training in CT).

- *PMTCT:* 74 HCWs and 71 lay counselors were trained in basic PMTCT, while 150 HCWs and 50 lay counselors underwent refresher training in PMTCT respectively.

- *Clinical care/ART:* 530 HCWs underwent training in ART/OI management (277 basic ART/OIs, 104 pediatric ART, and 149 underwent refresher training in ART/OIs).

- *Laboratory/Pharmacy:* 13 HCWs were trained in ART commodity management, and 13 HCWs attended equipment use and maintenance training.

- *Male Circumcission:* 43 HCWs were trained in MC

All basic technical trainings in PMTCT, CT and ART/OI management included a module on monitoring and evaluation as well as post-training, on-site mentorship to ensure that the knowledge and skills learned are utilized in service delivery in the different technical areas.

This quarter, ZPCT II continued participating in writing and review of the evaluation report for the nurse prescriber program coordinated by the General Nursing Council of Zambia.

2.3: Engage community/faith-based groups

This quarter, 1,343 community volunteers were supported by ZPCT II (370 ASWs, 555 Lay counselors, and 418 PMTCT Lay counselors). 658 volunteers were paid using the automated ZANCO Bank XAPIT system while 685 volunteers received their payments by cash.

During the quarter under review, the Community Mobilisation Advisor and one community staff from each province participated in a gender based violence (GBV) trainer of trainers' workshop held in Kitwe, Copperbelt Province.

The ZPCT II community volunteers referred clients to the supported sites as follows:

- *CT:* Lay counselors at the ZPCT II supported facilities mobilized and referred 24,478 (13,716 females and 10,762 males) for counseling and testing (CT). A total of 17,090 (8,983 females and 8,107 males) reached the facilities. In addition, 1,218 couples were referred for CT, out of these, 1,054 couples reached the facility. A total number of 485 (274 females and 211 males) were referred for services related to GBV

- *PMTCT:* PMTCT volunteers and TBAs referred clients to access PMTCT services, plan for delivery at the health facility, and provided information to expectant mothers. This quarter, 17,003 expectant mothers were referred for PMTCT services and 12,611 accessed the services at the health facilities across the six supported provinces.

- *Clinical care:* The volunteers made referrals to various HIV related clinical services such as TB, ART, and STI screening and treatment, and palliative care. A total of 11,636 (6,844 females and 4,793 males) were referred for clinical care, and 8,709 (4,980 females and 3,729 males) accessed the services.

- *ART:* This quarter, adherence support workers (ASWs) visited PLWHA who are on ART for peer support to promote adherence to ART treatment and to locate those lost to follow-up and re-engage them to services. As a result, ASWs visited and counseled 7,867 HIV positive clients (4,506 females and 3,370 males), and were referred for further management at the supported facilities.

Voluntary Medical Male Circumcision (VMMC)

During this reporting period, 9,997 males were mobilized and booked for both mobile and static VMMC, and a total 6,660 males were circumcised. As a standard practice, all males were tested for HIV before being circumcised. Some of the mobilized clients opted to stay away and others were referred for further medical attention. These MC activities were conducted at outreach and static sites.

Referral networks

ZPCT II continued coordinating with the PMOs, DMOs, District Aids Task Forces (DATFs), and other partners in the six provinces to improve functionality of district-wide referral networks. 28 district referral network and committee meetings were held out of the 45 supported district referral networks. The meetings focused on preparations for the World AIDS day, orientation of new executive committee members, strengthening of referral networks in locations where the networks were in-active, reporting, and reviewing HIV/AIDS activities.

Fixed obligation grants

This quarter, nine recipients of the FOGs have made tremendous progress and are at different levels of implementation. ZPCT II conducted monitoring visits to the supported sub-grantees to verify the status of implementation and enhance the capacity of the organisations to meet the set targets and milestones. The CBOs include: Community Health Restoration Project (CHREP) – Lushanya, The Salvation Army (TSA) – Kapiri Mposhi and Ndola, Umunwe Umo Support Group and Youth Suopport Initiative – Kitwe, NZP+ Kabwe – Kabwe, NZP+ Nchelenge – Nchelenge, Sengenu Charity HBC – Kabompo, and Groups Focus Consultations (GFC) – Mansa.

Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.

3.1: Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services

During this quarter, ZPCT II and DMO/PMO staff conducted joint technical support visits to health facilities. In addition, staff members at both the PMO and DMO level needing training in some of the technical areas were included in the ZPCT II sponsored trainings to strengthen their capacity in mentoring and supervising facility staff. ZPCT II provided support and worked with facility staff in integrating HIV/AIDS services into MOH health services for reproductive health (RH); malaria; and maternal, newborn and child health (MNCH). Health care workers in the MNCH departments were trained to provide PMTCT, CT and family planning as part of the regular package of MNCH services.

3.2: Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness

The toolkit for community mobilization on GBV issues entitled "Working Together Against Gender Based Violence: A Community Mobilization Toolkit" was completed this quarter. Based on the completed toolkit, a TOT was conducted for MOH-DCMO and ZPCT II staff from all the six supported provinces. The tool kit is user friendly with illustrations depicting different forms of GBV, its consequences, HIV, disability and death. The tool also includes existing support services and the role men and the community can play to prevent GBV. A total of 20 participants were trained. Participants trained will in turn conduct training for community structures partnering with ZPCT II to sensitize the communities on GBV as a cause and consequence of HIV among other issues. The targeted structures to be trained are neighborhood health committees (NHC), adherence support workers (ASW), lay counselors and fixed oblibation grants sub-recipients. It is anticipated that 100 members of these community structures will be reached with this training. After the training, participants are expected to sensitize their respective communities. The toolkit will also be shared with FHI 360 projects and other partners.

During the quarter under review, ZPCT II received technical support from Social Impact to document ZPCT II processes of integrating gender into HIV/AIDS service delivery including best practices and lessons learned. The Program Associate and the Program Development Specialist for Social Impact (Paige Mason and Silvia Gurrola Bonilla) visited two of the ZPCT II supported provinces and met with ZPCT II project staff, MoH counterparts at the provincial and district level including clinicians, implementing agencies, collaborating entities such as the Victim Support Units, One Stop Centers and organizations providing GBV related services, The final report for this exercise is anticipated to be submitted by end of October 2013. However, the draft report shared with ZPCT II indicates that significant strides have been made in strengthening gender integration as a crosscutting issue.

Among others benchmarks, the draft report outlines that the gender assessment was conducted in May, 2010 followed by the development of the gender strategy in July, 2011; gender indicators were revised to ensure alignment with PEPFAR five crosscutting strategies; in-house staff was sensitized on gender through training, orientation sessions; the ZPCT II Gender Steering Committee was created to ensure accountability and monitor gender integration processes; annual work plans for FY12 and FY13 included gender-sensitive approaches; four

manuals in the areas of CT, PMTCT, ART and capacity building training were engendered and used to train about 219 participants, a screening and referral checklist was introduced in all clinical services; a qualitative checklist for gender integration was produced and the GBV Toolkit for community mobilization was produced.

The draft report also notes that the project would have benefitted from an earlier Gender Assessment prior to the project design of ZPCT II in order to inform the project design on key gender related issues. Equally, an earlier introduction of community mobilization materials would have substantially enhanced community based volunteers, ASWs, lay counselors and neighborhood health committees' (NHCs) activities. The report also notes that filling in the Gender Specialist position had a great value in making progress on gender integration. Replicating this position at the provincial level would have benefited the project more in ensuring gender is always integrated in the project cycle, it is consistently reported and accountability is ensured.

Distribution of referral directories of GBV related service providers is done during monitoring or technical support visits to facilities. As such, there are still some facilities that have not yet received these directories. Therefore, the distribution will continue in the fourth quarter until all facilities are furnished. It is anticipated that these referral directories will be up dated periodically during the district referral meetings.

There is a notable increase in integration of gender issues in provincial quarterly work plans. This can be attributed to the use of the QA/QI checklist that was developed with technical assistance from Social Impact to strengthen gender integration in ZPCT II programming and service delivery.

A pamphlet entitled "Men can help stop gender violence" was produced. This material is complementary to the GBV toolkit and aims to engage male in the fight against GBV. The level of its reproduction will depend on the availability funding.

Implementation of routine activities like couple counseling and screening for GBV in CT, FP, PMTCT and ART continued during the quarter under review. There is an improved performance on all gender . The number of clients screened for GBV in PMTCT/ART/CT setting using the engendered CHC checklist increased from 38,696 last quarter to 45,543 this quarter. There equally has been an increase in the number of couples counseled for HIV at ZPCT II participating health facilities from 19,158 last quarter to 20,619 this quarter. Similarly, the number of survivors of rape who were provided with PEP increased from 49 last quarter to 68 this quarter. This increased performance in gender indicators could be attributed to the increased levels of gender knowledge among health care workers, the community members and the community volunteers. It could also be attributed to increased levels of screening as demonstrated in the statistics above.

3.3: Increase the problem-solving capabilities of PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs

This quarter, only Luapula province collected management indicators from three graduated districts. The other provinces failed to collect due to the facility assessments for the ZPCT II project.

3.4: Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities

This quarter, mentorships were conducted by PMO staff in human resource and financial management in seven districts; two in North-Western Province, and five districts in Muchinga Provinces. Generally, the mentorship results showed that the district medical offices were improving across all areas of financial and human resource management. The districts in Central, Northern, Copperbelt and Luapula provinces plan to conduvct their mentorship next quarter.

Three capacity building workshops were conducted this quarter, One was the annual performance appraisal system (APAS) orientation workshop for 17 DMO human resources staff in Central Province. The workshop helped to expose certain gray areas of APAS such as the use of the performance against target and how to set SMART objectives/targets. In addition, they were able to incorporate a work plan for nurses who make up the majority of health personnel. The exercise provided an opportunity for them to see how they can help nurses in their respective institutions develop S.M.A.R.T individual targets. A planning workshop was held for nineteen participants (eight female and eleven male) including DMOs, Data Specialists, PMOs, Administrators and Planners. A pretest administered at the beginning of the workshop to assess the participants' knowledge and skills in planning showed an average score of 42%. A posttest showed an average score of 62%.

Finaly, the third workshop was in financial management attended by twenty five participants (four female and twenty one male) drawn from among finance staff from North Western, Northern and Central provinces. An end of workshop evaluation conducted by participants indicated that, they had acquired new knowledge and skills useful to interact more efficiently and effectively with fellow members of staff and other stakeholders.

Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.

A total of 29 private sector health facilities were supported by ZPCT II. Technical support was provided in the supported sites by ZPCT II staff as follows:

- Mentorship and supervision of HCWs providing ART/CT/PMTCT/MC services: Technical assistance, mentorship and supportive supervision was provided in all supported sites.
-
- Data Management Tools /Job aids: Data management support was provided across the supported private sector sites. In addition, ZPCT II worked with the six newly added sites and they have all commenced reporting. One orientation meeting with health care workers on national reporting tools such as Smart care and ARTIS was conducted.

- Linkage to MOH commodity management: During the quarter Health Professional Council of Zambia provided technical support and conducted ART site accreditation assessessments for eligible PPP sites on Copperbelt and North-Western provinces. ZPCT II worked with the PMOs and DMOs to conduct mock assessments for the private facilities before the sites are linked to the MOH commodity management system for ARVs, sample referral, and support supervision by the DMOs clinical teams. This quarter, four new sites signed agreements between DMOs and private practitioners to access the ARVs & laboratory services from the public health centres with guarantees for reporting consumption data in return.

- National level PPP Activities: ZPCT II Lusaka continued to engage the MOH and MCDMCH in order to secure the availability of MoUs for linkage to the national commodity management based on the 2010 PPP strategy in health care. In addition, ZPCT II presented the PPP sector feedback to MOH and MCDMCH at a stakeholders meeting held at Chaminuka. The presentation highlighted the lessons learnt, challenges and the recommendations for strengthening the PPP strategy in health through national policy formulation. ZPCT II will continue working to offer support to the establishment of the PPP unit at MOH.

Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

ZPCT II collaborated with Ndola DMO and Kitwe DMO to provide technical support in service integration for the Ndola Diocese's community home-based care program in Ndola and Kitwe districts. ZPCT II provided technical and logistical support in the provision of ART outreach to Chishilano and Twatasha Home Based Care centers, respectively.

At the national level, ZPCT II met with other USG partners such as JSI-Deliver on commodities logistics system, and Society for Family Health, Marie Stopes, and Jhpiego on male circumcision.

STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and evaluation (M&E)

The M&E unit compiled service statistics for the quarterly program results and other data reports for USAID. The updated data for the HIV retesting study was received from the provinces. The analysis of the data will follow.

SmartCare testing was completed this quarter by stakeholders and the new version(V4.5.0.3) of smartcare was released and the upgrade started immediately. Of the 155 MoH ART sites supported by ZPCT II, 138 have computers and SmartCare installed on them and of the 138 sites 130 were upgraded. This was done in conjuction with ZPCT II IT unit. The remaing sites will be upgraded next quarter. During the same period of SmartCare testing, SI unit facilitated the SmartCare training of ten ZPCT II IT staff (one M&E, one Data

Manager, one Laboratory and Pharmacy officer and seven IT staff from Lusaka and the provincial offices). The training was conducted by EGPAF at UTH. The training was mainly tailored toward IT related modules to enable provincial IT staff to network the computers between MCH, ART clinic and Pharmacy in sites with more than one computer. By the end of Septemebre 79 of the 130 smartcare sites were already able to use smartcare for monthly reporting of most service statistics on ART and Palliative Care.

The SI unit in collobartion with other technical units, are participating in operational research related to the ZPCT II work in the area of male involvement in PMTCT, using SMS technology to improve retention, using QA/QI to measure sustainability and training studies. Data collection has began or about to begin with analysis and report writing expected to be completed next quarter.

The SI unit conducted an analysis of the October 2012 to February 2013 inter provincial audit for the 57 sites that were audited. The results from the analysis showed a margin of error to be less than 5% on selected CT/PMTCT and ART indicators. Further analysis will be done on the latest audit data of April to July 3013 data. The unit also created a data entry application for managing data for District Capacity Building. The capacity building and management indicators' data was then processed and analyzed.

ZPCT II is exploring the possibilities of utilizing the web based DHIS 2 for M&E pruposes within the project and the SI unit held discussions on this. DHIS 2 is the flexible, web-based open-source information system with visualization features including GIS, charts and pivot tables which the MOH is implementing in all the districts. The MOH receives the HIA2 and other reports from the districts via the web (DHIS2). Next quarter ZPCT II expects to pilot the web based DHIS2 for reporting service statistics from the supported health facilities. The implementation of DHIS2 will require the procurement of some equipment and other necessary accessories.

During the quarter, the annual PEPFAR Data Quality Assessment (DQA) was conducted on the Copperbelt and Central province by a USG team. On the Copperbelt, four sites were involved including Ndola Central Hospital, Arthur Davison Hospital, Kitwe Central Hospital and Chimwemwe Clinic and Kabwe General hospital in Central province. The feedback from the USAID DQA team was generally positive on the data management aspect. However, the assessment also suggested improvements in tracing of lost to follow-up HIV positive clients on care.

Technical support to other projects was also provided for data management. This included PMTCT and Pediatric HIV scale up (ZPCT II/UNICEF collaboration) and ZDF Prevention Care and Treatment Project (ZDFPCT). In addition, during the quarter the unit developed the following new databases to facilitate the different operational research activities:

- ZPCT_CD4_REFERAL_SYSTEM_STUDY_2013
- ZPCT_DUAL_PROTECTION_FP
- ZPCT_CD4_REFERAL_SYSTEM_STUDY_2013

Quality assurance and quality improvement (QA/QI)

ZPCT II has continued monitoring the implementation of quality improvement (QI) projects across the six supported provinces. The following are some of the QI projects being implemented;

- 'Bridging missed opportunities in PMTCT' at Buntungwa Health Centre in Luapula, this project aims to increase CD4 access for HIV positive pregnant women at Buntungwa HC from 0% to 95% in eight months through same day CD4 sample collection from all HIV positive mothers at MCH and laboratory analysis.

- Constraints to Renal Function Tests being conducted at Kasama General Hospital in Northern province. The aims for this QI project are to increase the proportion of newly enrolled clients on HIV Care with documented baseline creatinine tests conducted. The other aim is to increase the proportion of creatinine baseline requests ordered by the clinical team in the ART clinic for newly enrolled clients in HIV Care.

- 'Improving uptake for screening of chronic conditions in MCH at Kimasala Clinic in North Wester province. The aim for this project is to increase screening for Chronic Health Conditions (CHC) at Kimasala Clinic from 4% to 90% in nine months by screening every pregnant woman who comes for ANC check and every client who comes for CT.

Quality Assurance/Quality Improvement Assessments

The Quality Assurance/Quality Improvement assessments were conducted in 323 eligible ZPCT II supported sites in both graduated and non-graduated districts. This was accomplished through the administration of QA/QI questionnaires in the following technical areas; ART/CC, PMTCT, CT, Laboratory, Pharmacy and Monitoring and Evaluation. The analysis of the collected data provided the basis of developing evidence based quality improvement plans for all identified priority areas in each program. Summaries of the main findings from the QA/QI assessment conducted this quarter are highlighted below.

ART/Clinical Care

ART provider and facility checklists were administered in 111 reporting ART health facilities in both graduated and non-graduated districts. The main findings following the ART/Clinical care service quality assessments were noted as follows:

- Some health facilities do not have health care workers trained in Peadiatric ART/OI. The affected districts include; Serenje, Chibombo, Mkushi, Kabwe, Kapiri-Mposhi, Nchelenge, Samfya, Chembe and Kawambwa. The main reasons given for these were as follows:

  - Trained staff rotated to other service areas coupled with staff attrition
  - Only one Pediatric ART training was held since the beginning of 2013

  Action Taken:
  - Engaged facility in-charges to retain trained staff in ART clinic for a specified time
  - Lobbied for more Pediatric ART trainings
  - Onsite mentorship on Paediatric ART/OI was conducted

- Some health facilities had less than 50% of its patient files having evidence of Liver Function and or Kidney Tests being done before ART initiation. Affected districts include; Serenje, Chibombo, Kapiri-Mposhi, Mkushi, Kabwe, Samfya, Nchelenge, Mansa, Mwense, Kawambwa, Kitwe, Chingola, The reasons given for this include;

  - Erratic supply of reagents resulting in stock-outs; Kabwe DMO only received reagents for AST instead of the required ALT
  - Broken down motorbikes affecting the sample referral system
  - Broken down chemistry analyser machines at Mkushi, Serenje & Liteta Hospitals
  - Limitation in the number of samples that are collected

  Action Taken:
  - The motorbikes were repaired and delivered to the affected facilities
  - Lab/Pharm and programs unit actively tracked the supply of reagents and laboratory equipment by MoH in affected facilities
  - Discussions held with the laboratory staff in the affected facilities on the possibility of increasing the number of samples to be collected for analysis and create linkages to alternative lab services

- Some facilities have less than 50% of files with evidence of immunological monitoring for patients every six months. The affected districts include; Kitwe, Ndola, Luanshya, Kalulushi, Kasempa, Solwezi, Kabompo, Ikelenge, Chibombo, Serenje, Mkushi, Kabwe and Kapiri-Mposhi. The main reasons advanced for this include:

  - Clinicians not diligent in ordering CD4 test when screening ART clients that may be eligible for repeat CD4 tests
  - Inconsistent availability of trained ART clinician at Solwezi Urban Clinic
  - Broken down sample referral motorbike at Ikelenge RHC
  - Uncoordinated clinic reviews which do not tally with the patient's due date for CD4 testing and other laboratory tests needed
  - SmartCare reports are not routinely run for CD4 monitoring and patient tracking in the community is difficult to perform
  - Patients are not returning for CD4 testing and monitoring
  - There are challenges within the sample referral system due to inconsistent supply of reagents as well as the limitations on the number of samples to be collected. As a result new clients are prioritized over old clients in some facilities

Action Taken:

- Mentored facility staff on the importance of CD4 testing, client CD4 monitoring and use of SmartCare clinical reports
- HCW's are given technical support each visit to ensure that CD4 results are tabulated onto the client's HIV Case Summary Sheet.
- Job aids with the schedule for laboratory monitoring have been distributed to all facilities
- Follow ups with the lab and pharm unit on the schedule for monitoring of patients
- ZPCT II offered hands-on mentorship with focus on CD4 monitoring for ART providers

CT/PMTCT

Under the CT/PMTCT unit the CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection tools were administered in 323 CT and 322 PMTCT sites in graduated and non-graduated districts. The main findings of the CT/PMTCT quality assessments are as follows:

- CD4 samples were not being collected and sent according to the MoH PMTCT guidelines. The affected districts include Chibombo, Mumbwa, Mkushi, Serenje, Mungwi, Chilubi, Mbala, Kaputa Kasempa, Solwezi, Kabompo, Ikelenge, Zambezi, Chavuma, Manyinga, Mufumbwe, and Mwinilunga. The reasons advanced for this include:

  - Nonfunctional sample referral system which was resulting from non-availability of and broken down motorbikes
  - Motorbikes taken for servicing take too long to be returned to the facilities
  - Some facilities do not record CD4 results in integrated register

  Action Taken:
  - Conducted onsite mentorship on importance of doing CD4 according to PMTCT guidelines
  - Worked with MCH staff and Lab staff to realign ANC booking days with CD4 count assessment done in the laboratory

- HIV test kit stock outs being experienced in some facilities. The affected districts include: Kabwe, Mkushi, Serenje, Mumbwa, Nchelenge, Mwense, Mansa, Samfya, Mafinga, Mungwi, Mbala, Mpulungu and Kaputa. The reasons given for these are as follows:

  - Medical stores are not supplying the kits according to the facilities' requests or orders hence the stock outs
  - Delays in ordering HIV test kits by health care workers in the facilities

  Action Taken:
  - Conducted onsite mentorship on importance of timely ordering of HIV test kits
  - Facilitated ordering of HIV test kits through JSI
  - Pharmacy and Laboratory unit to continue redistribution of tests kits from facilities with more stocks

- Facilities are not conducting quality control on 10% of HIV samples. Affected districts include: Chibombo, Kabwe, Mumbwa, Mkushi, Serenje, Mansa, Kawambwa, Samfya, Mwense, Mungwi, Mpulungu, Kitwe, Masaiti, Mpongwe, Ndola, Luanshy and Chingola. The reasons given for these are follows:

  - Lack of health care workers to draw blood for external QC of 10% HIV samples tested.
  - Inadequate supervision trainings conducted thus most health facilities did not have counselor supervisors
  - Stock outs of HIV test kits in some facilities
  - Some facilities had challenges with the sample referral due to long distance to the CD4 laboratory.

  Action Taken:
  - On-site mentorship to facility staff on the importance of conducting QC on the 10th sample
  - Some lay counselors were identified to be trained in supervision to enhance QC
  - Onsite mentorship on timely ordering of HIV test kits

Laboratory infrastructure
The laboratory QA tool was used for quality monitoring in 114 health facilities in both graduated and non-graduated districts. The following issues were documented:

- There is irregular servicing of laboratory equipment and an inconsistent supply of critical laboratory reagents. The affected districts include: affected districts include; Kaputa, Mungwi, Mpulungu, Mwense, Nchelenge, Chienge, Samfya, Kawambwa and MansaThe reasons given include the following; :

  - Vendors were taking long to respond to calls to attend to equipment
  - The facility administration had neglected this area
  - There were stock outs of most essential reagents at central level in Lusaka

  Action Taken:
  - ZPCT II has communicated with the vendors to improve on their service
  - Follow ups with specific vendors involved have been planned
  - All laboratory staff where encouraged to be doing the daily maintenance activities on all lab equipment

- There are no first aid boxes and fire extinguishers in some laboratories. The affected districts include: Kitwe, Mpongwe, Chililabombwe, Chingola, Luanshya, Ndola, Kasempa, Kabompo, Mufumbwe, Zambezi and Solwezi.The reasons advanced for these are follows:

  - Lack of support from local administration and lack of appreciation of importance of first aid kit Set
  - The kits have not yet been procured for public facilities and the private sector facility has been encouraged to buy for themselves

  Action Taken:
  - Encouraged all laboratory personnel to design the first aid kit sets, during normal technical assistance visits, by engaging their respective facility management for financial support
  - First aid box for public facilities will be included in recipient agreemenets at the next review and PPP facilities have been encouraged to procure some first aid boxes

Pharmacy
The pharmacy QA tool was used for quality monitoring in 211 health facilities in both graduated and non-graduated districts. The following issues were documented:

- Some facilities do not have adequate pallets and as a result, not all products are off the floor. Affected districts include; Kapiri Mposhi, Serenje, Chibombo, Chembe, Kawambwa, Mwense, Nchelenge, Mansa, Kaputa, Mafinga, Mungwi, Mpulungu, Solwezi, Mwinilunga, Kasempa and Chavuma. The reasons advanced for this include;

  - Insufficient number of pallets available in the pharmacy
  - Pallets have not yet been procured

Action taken:
- Constant follow up on the procurement of pallets which are already in RAs but pending procurement
- Advised staff to obtain old pallets from the MSL truck that delivers drugs
- Staff mentored on stock management

- Some facilities do not have air conditioning units in the ARV drugs bulk stores, lack room thermometers, while other facilities do not have updated temperature log sheets in the pharmacy bulk store. Affected districts include; Kapiri-Mposhi, Chibombo, Zambezi, Kasempa, Mwinilunga, Mufumbwe and Kabompo. The reasons given for this include;

  - The air conditioning units at Kasempa, Mwinilunga DH, and Solwezi GH were faulty and required replacement
  - At Mufumbwe, a new air-conditioner unit is required for the new ARV Bulk store and Dispensary
  - Non-functional thermometers and non-availability of room and fridge thermometers.
  - Poor staff attitude towards updating the log sheets

Action taken:

- Procurement and installation of new air-conditioner units were included in the respective districts in approved recipient agreements. Procurement of room and fridge thermometers has also been planned for in the amendments
- Liaised with provincial and planned to have combined technical assistance visits with the district pharmacist to enforce adherence to good pharmaceutical practices

Monitoring and Evaluation (M&E)

The M&E QA tool was administered in 345 health facilities in both graduated and non-graduated districts; the tool assesses the component of data management. The notable findings included the following:

- SmartCare client records were not up-to-date and SmartCare Transport database (TDBs) not being done. Affected districts included; Mafinga, Mbala, Kaputa, Mpulungu, Kitwe, Ndola, Mufulira, Chienge, Nchelenge and Mwense. The reasons advanced for this include:

  - Power interraptions hamper running of SmartCare in some facilities
  - Incomplete documentation of SmartCare forms by health care workers
  - Incorrect data entry making it impossible to generate TDBs
  - The frequency of SmartCare computers breaking down has been very high partly due to most computers being too old

  Action Taken:
  - The computers to be worked on by the IT officer
  - Computers have been upgraded to the New SmartCare version 4.5.05
  - Ongoing mentorship to DECs on data entry and generation of TDBs
  - DECs at Kashikishi and Nchelenge ART clinics were given a deadline to complete data entry of the backlog

- Some ART facilities are not keeping most of the patient files in filing cabinets because of inadequate filing cabinets and space in data management offices. This was noted in the following districts; Kitwe, Ndola, Kalulushi, Luanshya, Kabwe, Kapiri-Mposhi, Mkushi, Serenje and Chibombo. Reasons given for the observations included:

  - Filing cabinets are filled up with patient records. Increased number of new clients being enrolled in care has outweighed the limited number of filing cabinets available, and in some cases no space for cabinets
  - Procured cabinets are yet to be distributed
  - Inadequate space at facilities to place the filing cabinets
  - Private sector facilities are not catered for in the budget

  Action Taken:
  - SI unit requested for filing cabinets and reported the problem to Lusaka Office through provincial program office
  - Engage DMOs to facilitate creation of space to place the cabinets

- Some PMTCT facilities do not have well completed and up to date mother baby follow up registers. Affected districts include; Mpongwe, Masaiti, Kitwe Kasempa, Mufumbwe, Mwinilunga, Zambezi, Kabompoand Solwezi. The reasons advanced for this include:

  - Most PMTCT facility based service providers do not know how to manage the mother baby follow up register; they report finding the register to be complicated.

  Action Taken:
  - Support was mainly provided through PMTCT training and onsite mentorship
  - ZPCT II will intensify technical assistance to all HCWs responsible for documenting Baby Mother follow-up register.

District graduation and sustainability plan

A total of 27 districts have been graduated from the ZPCT II intensive technical support across the six supported provinces;

- Copperbelt Province: Chililabombwe, Chingola, Mufuliria, Kalulushi, Luanshya, Ndola, and Lufwanyama
- Central Province – Mukushi, Kabwe, Serenje and Chibombo
- Luapula Province – Samfya, Kawambwa and Mansa
- Muchinga Province: Chinsali, Mpika, Nakonde, and Isoka
- Northern Province: Kasama, Mporokoso, and Luwingu
- North-Western Province: Kabompo, Mufumbwe, Mwinilunga, Solwezi, Chavuma, and Zambezi

In addition, the following twelve districts from the six provinces including; Mwense, Chienge, Milenge, Nchelenge, Kasempa, Ikelenge, Kapiri Mposhi, Masaiti, Mpongwe, Kitwe, Mbala and Mpulungu are targeted to graduate next quarter.

PROGRAM AND FINANCIAL MANAGEMENT

Support to health facilities

Recipient agreements: ZPCT II continued to provide programmatic, financial and technical support to 400 facilities in the 45 districts across the six provinces this quarter. Next quarter, ZPCT II will be amending a total of 64 recipient agreements, one with UTH –MC Unit, six PMOs, 45 DMOs and 12 hospitals. In addition, two subcontracts for partners (CHAZ and KARA) will be amended.

Renovations: nine contracts signed out of the targeted 52 new refurbishments for 2013. The remaining site renovations will be awarded next quarter.

Mitigation of environmental impact

As an ongoing activity, ZPCT II monitored management of medical waste to ensure environmental compliance in all of its supported renovations. A total of 27 incinerators have been targeted for refurbishment and fencing off to prevent scavenging and tender advertisement commenced this quarter.

Procurement

ZPCT II procured the following equipment this quarter; two ABX Micros, three ABX Pentra, six Facscount CD4 machines, 22 instrument trolley, 156 digital BP machines, 214 digital thermometers, 100 bedside screens with curtains, 53 counting trays, 48 infant scale with pan mechanical, 28 diagnostic sets, 44 salter scale with bags, 54 fetal scopes, four test tube racks, four staining racks, 65 examination couches, 15 adult scales, 92 stethoscopes, 46 medicine trolley, 476 autoclaving cloth, one theatre bed, eight mini theatre tables, 14 various sizes micropipettes, 51 delivery kits, 31 delivery beds, 103 adult scale with height measure, 24 room thermometers, 41 air conditioning units, six autoclave machines, 862 file fasteners, 36 fire extinguishers, 48 helmets, 49 Hemocue machines, 157 lockable filing cabinets, 77 lockable storage cabinets, 39,875 manila folders, 130 desks, 461 chairs, seven refrigerators, 39,875 suspension files, 60 theater clogs, 70 theater uniforms, 40 client slippers, 45 client gowns, 105 various size toner cartridges and 82 UPS.

ZPCT II will receive and distribute the medical furniture/equipment in the next quarter.

Human Resources

During the quarter under review, ZPCT II effected a reduction in staff (RIF) process, with 23 staff being let go in the month of May 2013. This process is in line with our approved budget realignment (modification #7). A total of 25 positions will be made redundant by December 2013. The RIF's process is consistent with the normal rhythm of a project as targets are reached and the overall level of effort required for project implementation shifts.

Training and Development

The ZPCT II staff attended training in the following areas during the reporting period:

- Women in Leadership Annual Mentorship, Alchemy: Executive Assistant from Lusaka was sponsored for this workshop
- Mhealth, online training, Techchange. Senior Training Officer ZPCT II Lusaka office

Information Technology

During this reporting period, ZPCT II procured and received computer equipment (desktops, laptops, printers and UPSes) for staff and the supported health facilities. The procurement also included laptop spares to enable I.T. repair some equipment which could still be salvaged. This is to replace old computers that do not meet the minimum requirements for SmartCare, as well as for health facilities that do not currently have computers. We expect to take delivery and distribute this equipment in the next quarter.

As highlighted in the last report, the Ministry has instructed all partners to migrate and upgrade to the new version of the Smartcare electronic health record software. In the last quarter, all ZPCT II IT staff attended training on the new Smartcare version. ZPCT II also commenced the procurement process for networking equipment and accessories to be used in installing local area networks and networking computers in supported health facilities. 75 health facilities, each having more than two computers, were identified in the last quarter and will need to have local area networks installed and a client/server Smartcare configuration implemented so that each facility will have a single record set for all clients. This will improve data integrity and prevent multiple or fragmented patient records. It will also improve the process of collecting and merging the databases at the provincial and national level. Some of the networking equipment and accessories have been delivered while the rest will be delivered in the coming quarter. We will commence the installation of LANs in the health facilities in the next quarter.

In this reporting period, we continued updating the IT equipment inventories for the ZPCT II offices and supported health facilities, including identifying obsolete as well as usable equipment that can be donated to needy beneficiaries. This disposal process will continue in order to ensure that only equipment in good working order is retained on our inventory at the end of the project. Some identified beneficiaries include schools, orphanages and community based organizations.

In the next quarter, I.T. will continue sensitizing staff on the importance of updating our electronic filing system. This is to ensure that all relevant project data on staff computers is transferred to the server where it will be secured by backups.

ZPCT II has continued providing a client recall service via SMS in various health facilities. During the reporting period, it was agreed that the recall service would be rolled out fully to all ZPCT II supported facilities. Working with MTN, ZPCT commenced piloting the use of a private 3G APN to be used for providing internet access to 3G modems in supported health facilities. The test includes the installation of a 3G router in Lusaka where all 3G modems from the health facilities will connect to, and be able to access the internet through the Lusaka connection. In the coming quarter, all 3G modems currently in use at ZPCT II facilities will be migrated to the APN and configured to connect through Lusaka. This will further enhance delivery of this service and avoid the intermittent service outages that have been experienced using data bundles. This will also require upgrading the bandwidth in Lusaka to accommodate the connections from the facilities without degrading the internet speed.

Finance

- Pipeline report: The cumulative obligated amount is $ $113,246,595, out of which we have spent $99,893,717 as of September 30 2013. The total expenditure to date represents 88.21% of the cumulative obligation. Using the current burn rate of $2,757,488, the remaining obligation is enough to take us up to February/March 2014 into the new work plan that will start in January 2014

- Reports for Jun-Sept 2013:
  - SF1034 (Invoice) - August 2013

KEY ISSUES AND CHALLENGES

National-level issues

- **Staff shortage in health facilities**
  Shortage of staff in health facilities has remained an ongoing issue across all six provinces. ZPCT II continued to support task shifting. This quarter, 498 community volunteers were trained in counseling and testing and PMTCT to support the HCWs in the health facilities.

- **Stock outs of logistics**
  Inconsistent availability of HIV test kits, PMTCT drugs, DBS cards was a major cause of interruptions in the service provision during this quarter in selected facilities in Central, Northern and North Western provinces. ZPCT II in collaboration with the MOH staff redistributed the HIV test kits, DBS kits from the facilities with good stock to the affected facilities. The shortage of HIV test kits has led to low uptake in CT and PMTCT services. The shortages were due to poor implementation of the HIV logistics system such as late reporting and ordering by facility staff in selected facilities of Northern, Central and North Western provinces. ZPCT II continued to work with the facility staff to strengthen and improve the availability of these important commodities.

- **Laboratory commodity stock-outs**
  The unavailability of Sysmex controls for the newly placed Sysmex series of haematology analysers has negatively impacted provincial laboratories. This is because the analysers are high throughput analysers designed to handle high sample volumes in record time. Turn around times for full blood counts is significantly reduced with these analysers and the stress placed on the ABX Micros equipment is reduced significantly. To prevent the expiry of reagents, facilities are being encouraged to run carry over samples as controls. Guidance has been provided to facilities on how this may be done. Should the national stock-out continue the analysers will have to be regularly flushed to avoid build up of crystals that often clog the complex system of tubing. While some supported facilities reported stockouts of ethylene diamine tetra acetic acid (EDTA) containers critical for CD4 testing stock status reports obtained from medical stores indicated adequate stocks of the commodity centrally.Facilities were advised to order these supplies accordingly and ZPCT II continued to collaborate with facilities and MSL to ensure supplies were replenished as soon as possible.

- **ARV Stock Imbalances**
  This quarter there were stock imbalances of Truvada, Atripla, Abacavir and Nevirapine tablets. ZPCT II carried out a situation analysis at service delivery point level to determine the extent of the problem. Intensified stock level monitoring was effected and this helped in averting complete stock outs. .

- **Equipment functionality**
  - *Humalyzer 2000 chemistry analyzers:* Eight analysers were reported non functional during the quarter and still have not been repaired. Generally this range of analysers has done its useful life and the high rate of breakdown is understood though impacting on service delivery. The migration to higher throughput fully automated analysers will ease the burden on the affected sites.The following sites had non functional analysers that were reported to the vendor: Buchi, Bulangililo,Ipusukilo Kamuchanga, Lubwe Mission, Mwenzo, Kaputa District and Chinsali

  - *Cobas Integra chemistry analyzers:* During the quarter only one significant breakdown occurred at Roan General Hospital. This has been escalated to the vendor who identified the need to replace the central processing unit (CPU). ZPCT II has requested a quaotation.from the vendor for consideration of repair support for the instrument.

  - *FACSCount CD4 machines:* Four breakdowns were reported in the Copperbelt and Northwestern provinces respectively. The affected sites were Kawama in Ndola, Lufwanyama in Kalulushi, and Mufumbwe District and Solwezi General Hospitals in the Northwestern Province. Analysers in other supported sites were functional.

  - *FACSCalibur:* Many sites are still stocked with Calibrite beads though Medical Stores has stocked out and so some facilities were affected being forced to conduct CD4 analysis on the FACSCount

machines. It is hoped that during the quarter stocks will be replenished and the use of the analyser will continue in sites already stocked out.

- *ABX Micros haematology analyzers:* This range of analyser performed very well during the quarter under review with only one breakdown at Isoka District Hospital which was escalated to the vendor.

- *Sysmex pocH 100-i:* One instrument broke down in Muyombe and was transported to Lusaka for repairs. The analyser has since been repaired and has been despatched to the facility. The analysers at Chilubula and Mbala General Hospital are still down but will be attended to during the next quarter as the vendor has been advised. The Copperbelt Province however experienced a number of breadowns at Bulangililo, Luangwa and Chawama and the vendor was duly informed. Disruption to testing was resolved through referral of patients to near by facilities as distances in urbanized centers are not very extensive. The analyser at Mwachisompola also broke down and is still pending repairs.

- **ARV Stock Imbalances**
  Low stocks of Nevirapine persisted this quarter. However, towards the end of the quarter stocks were received at MSL and distribution to sites began. It is anticipated that the status in the facilities will normalize early next quarter. The overstock of Stavudine based products also continued with some batches expiring on the shelves. Many sites will have big quantiites of expired products due to the change in guidelines moving away from using Stavudine-based regimens. ZPCT II will continue to provide support to the affected facilities to ensure appropriate procedures for quarantine and stock disposal are followed.

- **Low Uptake in TB/HIV Screening**
  There has been a noted low uptake in screening for TB in HIV clinical settings. Some of the documented reasons include; stock out of CHC forms which contain a component on TB screening and ‘’apparent burn out’’ of Adherenece Support Workers (ASWs) to whom this role has been task-shifted. Continuous mentoring and support for ASWs including restocking of CHC forms are some of the remedial measures implemented.

- **Renovations**
  Following waiver to carry out construction being granted to ZPCT II, ZPCT II has embarked on limited construction in facilities where the space is non-existent. Limited extensions and outright constructions have been carried out to this effect. The status has not changed with regard to inadequate space for service provision. Discussions with PMOs and DMOs to help them prioritize infrastructure development were carried out, but because of limited funding for government little has changed. ZPCT II has identified and will support refurbishments and limited construction in 53 health facilities and tender documents were developed and advertised. Evaluation of the said advertised tenders are currently underway with 9 contracts already signed. In addition ZPCT II will construct/refurbish 29 incinerators in total and so far 3 contracts for refurbishment/construction of incinerators have already been signed.

- **Absence of National Public Private Partnership Technical Working Group**
  Due to absence of technical working group (TWG) at MOH, there is lack of guidelines for engaging the PPP sector to collaborate on health service delivery. This quarter, three meetings have been held with key stakeholders at MOH and HPCZ to develop recommendation for the establishment of the TWG or PPP unit.

- **Poor documentation of services provided**
  Documentation of services provided in respective registers has remained a challenge in some selected facilities in Central and Northern provinces due to staff changes. Health care workers are not documenting in registers to show integration of CT services into FP, MC, TB and STI. This quarter, mentorship on documentation was done with facility staff to improve the documentation and show the integration of services.

ZPCT II programmatic challenges

- **Inadequate rotational shifts in the PCR laboratory**
  It has been noted that with the increased sample load, the 48 shifts approved for transport reimbursements is inadequate. During the quarter, attempts to secure a replacement laboratory officer were concluded and the identified candidate will begin work early next quarter. Additionally the number of shifts have been increased substantially so it is hoped that this will alleviate the pressure to meet the demand at the lab.

- **Specimen referral for CD4 count assessment**
  Non-functional motorbikes in many districts across the supported provinces have continued affecting specimen referral. This has contributed to the low number of positive pregnant women accessing CD4 count. However, ZPCT II staff continued to follow-up on broken motorbikes for repair, liaising with district lab coordinators to find alternative ways of transporting specimens, as well as encouraging facility staff in facilities with referral challenges to use WHO staging. The stock out of EDTA bottles that occurred in most of the health facilities across the ZPCT II-supported provinces was minimal during the quarter. This was facilitated by redistribution of excess supplies, and some facilities procuring their own stocks to alleviate the stock-out.

- **Disposal of medical waste**
  As an ongoing activity, ZPCT II continues to monitor management of medical waste and ensure environmental compliance in all of its supported renovations. Of 27 incinerators targeted for refurbishment and fencing off to prevent scavenging, 2 more were identified bringing the new total to 29, of which 3 contracts have already been signed and works have commenced during this quarter.

- **Gender Based Violence**
  Referral of GBV survivors continues to be a challenge due to limited presence of institutions offering supplementary services to survivors of GBV. The common type of referral taking place is between the health facility and the police. Institutions that offer services like shelter for battered women and abused children, economic empowerment (loans and business training), psychosocial counseling, legal protection etc. are rarely found in remote rural areas. ZPCT II will continue to work with stakeholders providing GBV related services.

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ANNEX A: Travel/Temporary Duty (TDY)

Travel this Quarter (July – September 2013)	Travel plans for Next Quarter (October – December 2013)
▪ Lameck Nyirenda – SI Senior Advisor and Jonathan Mukunda – Senior Data Manager attended the FHI 360 Strategic Information/Monitoring and Evaluation Unit Global Technical Workshop on Data Quality in Pretoria, South Africa from July 1 – 6, 2013 ▪ Lowrey Redmond, Senior Manager Business Development, travelled to Lusaka from July 15 – 26, 2013 to provide project support ▪ Catherine Mundy, Senior Program Advisor for Laboratory Services, MSH, travelled to Lusaka to provide technical assistance in laboratory management services ▪ Silvia and Paige from Social Impact travelled to Lusaka to provide technical assistance, document experiences in gender integration within ZPCT II work, and train how to use the GBV Tool Kit for community mobilization	▪ Thierry Malebe, Edah Posta, Elizabeth Kalimanshila and Joseph Nyirenda – will attend the 3rd International conferenece on Family Planning in Adis Ababa, Ethiopia from 11th to 17th November, 2013. ▪ Nathaniel Chishinga, Patrick Katayamoyo and Ebedy Sadoki will attend the 17th International Conference on AIDS and STIs in Africa (ICASA) to be held in Durban, South Africa from 7th to 12th December, 2013..

ANNEX B: Meetings and Workshops this Quarter (July – Sept., 2013)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT/CT	**July 29 – 2 August, 2013** *Option B+ meeting:* This meeting was held in Kabwe. The purpose of the meeting was to develop an orientation package for option B+ targeting frontline HCWs. The draft orientation package was submitted to MOH for final review and approval.
	September 2 – 6,2013 *FP/HIV evaluation orientation meetings.* The purpose of the meeting was orient HCWs and DECs on the implantation of a short term assessment on FP/HIV integration activities. The assessment goal is to evaluate the effectiveness referral system on uptake in integration of FP/HIV services.
	September 10,17,24, 2013 *National HIV Prevention Convention:* ZPCT II has attended a serie of meetings as part of the technical sub-committee member for the preparation of this national event. The national conference is schedule to take place in November, 2013.
	September 12, 2013 *FP Technical Working Group meeting:* The meeting was held at the MCDMCH. The purpose of the meeting was to discuss the FP 8 year launch and dissemination plan.
MC	**July 10, 2013** *Traditional leaders Voluntary Medical Male Circumcision- Demand creation Strategy at ZPCTII training Centre:* ZPCT II attended and participated in this meeting that was designed to prepare for the trational leaders demand creation for VMMC in Nondo Chiefdom of Northerm province of Zambia.
	July 15, 2013 *Traditional leaders Voluntary Medical Male Circumcision- Demand creation Strategy at ZPCTII training Centre:* ZPCT II participated in this meeting that was designed to brief all USG VMMC implementing partners on assigned tasks during the traditional leaders demand creation in Nondo chiefdom. This also included sharing updates from advance team on GRZ inovlovement in the program, demand creation and service delivery.
	July 25, 2013 *National Re-launch of VMMC Demand Creation through Traditional Leader in Nondo Chiefdom* ZPCT II participated in this meeting that was designed to launch the Traditional Leaders demand creation strategy in chief Nondo of Northerm province. The meeting included public address by the Chief Nondo , Minister of Chiefs and Traditional Affiars to gathering at chief Nondo school grounds.
	August 14, 2013 *National MC Technical Working Group meeting at MCDMCH Board Room:* ZPCT II participated in this meeting that was designed to review partners progress on the national VMMC School holiday campaign, feedback report on support supervision conducted by the MCDMCH team,planning for QA/QI national tools development and annual review meeting. The feedback from support supervision visit showed that 4 out of 11 provinces accomplished all tasks in the checklist (receipt of provincial targets, convening the Pre-Campaign planning meeting and Use of paid up radio airtime) namely Central, Eastern, Northern and Southern. .
	September 18, 2013 *National MC Technical Working Group meeting at MCDMCH Board Room:* ZPCT II attended and participated in this meeting that was designed to review the 2nd quarter 2013 national VMMC performance, review the demand creation proposal by the Ipsos Incoperated . .
Laboratory	**July 11, 2013** *Electronic Logistics Management Information Systems implementation meeting*: The meeting was held to discuss the Pilot implementation plan as well as to demonstrate the status of the software. The Logistics Management Information systems is an improvement or enhanced supply Chain Manager Software which is used to monitor usage of health commodities at Service Delivery Points and Medical Stores Limited.
	July 15-19 *Curriculum Review and Development:* University of Zambia requested ZPCT II to participate in the review of the Biomedical Sciences Training curriculum.This meeting was held at the Ridgeway Campus and gave partners the opportunity to contribute to training needs as experienced on the ground.
	September 3 , 2013 *SLMTA Preparatory Meeting:*ZPCT II participated in preparatory meetings with Centers for Disease Control and Prevention (CDC) and Ministry of Health (MoH) on national SLMTA training programs,onsite visits and mentorship.
	September 4 2013 *SLMTA consultative Meeting with CDC:* Consultative meeting with CDC on the partner level to exchange notes and share ideas on how best to implement the SLIPTA process in identified sites.

Technical Area	Meeting/Workshop/Trainings Attended
	23-27 September *Lab Leadership Management Training* The Association of Public Health Laboratories (APHL) in collaboration with Ministry of Health organized a five day training in Lab Ledership and management.Partners and provincial laboratory managers from across the country participated in this training.
	October 11, 2013 PoP ART consultative meeting: Partners met with Ministry of Health and Medical Stores to discuss supply chain issues and other sustainability issues of the PopArt study.The meeting resolved that partners work closely together to ensure no disruption of services.JSI and MSL will be pivotal in the sustainability of services.
Clllinical Care/ART	**June 12, Sep 2nd, 2013** *Protocol Development for National ART/Pediatric Evaluation:* ZPCT II attended and participated in this meeting that was designed to develop research protocols for the national evaluation of the ART program.
	Septemeber 23rd – 25th 2013 *Consolidation of Revised 2013 HIV Management Guidelines:* ZPCT II participated in this meeting in Chisamba that was designed to consolidate the Adult, adolescent and pediatric ART guidelines into one version. In addition, the PMTCT guidelines in the context of option B plus will be part of this arrangement as well. These guidelines have taken into account latest 2013 WHO reciommendation and MoH priorities. They will finally be launched next quarter.
Pharmacy	**July 11, 2013** *Electronic Logistics Management Information Systems implementation meeting*: The meeting was held to discuss the Pilot implementation plan as well as to demonstrate the status of the software. The Logistics Management Information systems is an improvement or enhanced supply Chain Manager Software which is used to monitor usage of health commodities at Service Delivery Points and Medical Stores Limited.
	July 15 – 19, 2013 *School of Pharmacy Curriculum Review Meeting*: The school of pharmacy invited partners and other stakeholders to review the curriculum for nursing, biomed, pharmacy, environmental health and public health in view of the current trends.
	August 15, 2013 *National Pharmacy Mentorship Planning Team Meeting*: The meeting was convened to review the pharmacy mentorship validation results for Copperbelt and Lusaka provinces. The other issue discussed was the plans that MOH had for the Pharmacy mentorship program beyond 2013.
	August 22, 2013 *VMMC Commodity Procurement Meeting:* ZPCT II and SCMS had this meeting to discuss progress on the COP 13 (FY14) procurement plan and also the ZPCT II pipeline for MC commodities for COP 12 funds remaining and any outstanding shipments. This helped to resolve most issues and set the pace for future procurements
	September 9 – 11, 2013 *National ARVs and Cotrimoxazole Annual Forecasting and Quantification Workshop:* This workshop held in Livingstone was organized by The Ministry of Health with support from the USAID | DELIVER PROJECT (funded by the President's Emergency Plan for AIDS Relief) through United States Agency for International Development (USAID). The 2014 forecast for done and a final report will be circulated.

ANNEX C: Activities Planned for the Next Quarter (Oct. – Dec., 2013)

Objectives	Planned Activities	2013		
		Oct	Nov	Dec
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing (CT) services	Provide ongoing technical assistance to all supported sites	x	x	x
	Train HCWs and Lay counselors in CT courses.	x	x	x
	Escort clients who tested HIV-positive from CT corners to the laboratory for CD4 assessment to avoid loss of clients for the service before referring them to ART services especially facilities with Labs	x	x	x
	Improve follow up for CT clients testing HIV negative by encouraging re-testing in three months and referring them appropriately to MC, FP & other relevant community based services.	x	x	x
	Strengthen CT services in both old and new sites and mentor staff on correct documentation in the CT registers	x	x	x
	Strengthen access of HIV services by males and females below 15 years	x	x	x
	Strengthen child CT in all under five clinics	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services and strengthen counseling supervision quarterly meetings	x	x	x
	Ongoing strengthening the use of CT services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes especially North-Western and Central Province where the service is weaker. , Pilot is pending review and to be done this quarter	x	x	x
	Strengthen implementation of PwP activities for those who test HIV positive, condom education and distribution including behavior change communication strategies	x	x	x
	Strengthen couple-oriented CT in all the supported provinces putting emphasis to all discordant couples to ensure that the positive partner is initiated on HAART as per new national ART guidelines	x	x	x
	Strengthen integration of routine CT to FP, TB, MC and other services with timely referrals to respective services.	x	x	x
	Strengthen referral system between facility-based youth friendly corners and life skills programs	x	x	x
	Conduct mobile CT for hard to reach areas in collaboration with CARE international	x	x	x
	Strengthen referral from mobile CT for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including PMTCT, ART, clinical care and prevention	x	x	x
	Improve number of clients screened for gender based violence and participate in the gender trainings. Youths will continue to be sensitized on their rights and the need to report GBV related issues to appropriate centers	x	x	x
	Strengthen integration of gender into CT programming during CT courses in collaboration with ZPCT II Gender unit	x	x	x
	Screening for gender based violence (GBV) within CT setting	x	x	x
1.2: Expand prevention of mother-to-child	Strengthen the use of community PMTCT counselors to address staff shortages	x	x	x
	Strengthen provision of gender sensitive prevention education, adherence support and mother-baby pair follow up in the community through the use of trained TBAs/PMTCT lay counselors.	x	x	x
	Routinely offer repeat HIV testing to HIV negative pregnant women in third trimester with immediate provision of ARVs for those that sero convert	x	x	x
	Train HCWs and Lay counselors in eMTCT to support initiation and strengthen eMTCT services.	x	x	x

Objectives	Planned Activities	2013		
		Oct	Nov	Dec
transmission (PMTCT) services	Operationalize the use of the of the new 2013 eMTCT guidelines in the old facilities and new facilities	x	x	x
	Support the implementation of Option B+ as part of eMTCT strategies once a policy decision has been made by the MOH	x	x	x
	Orient facility staffs on B+ option.	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests with timely results and feed back to the clients.	x	x	x
	Procure point of service haemoglobin testing equipment to facilitate provision of more efficacious AZT-based ARVs particularly in the new facilities	x	x	x
	Support the operationalization of the 8 year plan for FP	x	x	x
	Support primary prevention of HIV in young people as part of eMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use	x	x	x
	Strengthen family planning integration in HIV/AIDS services with male involvement	x	x	x
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	x
	Strengthen the provision of more efficacious ARV regimens for eMTCT	x	x	x
	Incorporate ZPCT II staff in MOH provincial and district supportive and supervisory visits to selected ZPCT II supported sites	x	x	x
	Strengthen implementation/use of PwP within eMTCT services for those who test positive through training using the PwP module in the eMTCT training as well as incorporating PwP messages in counseling for HIV positive ANC clients and referral to ART, family planning and other appropriate services as needed.	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Support implementation/strengthen use of new revised provider training packages for facility and community based providers to include gender based activities in line with the revised eMTCT 2013 protocol guidelines and norms for service delivery within eMTCT setting	x	x	x
	Support and strengthen gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/eMTCT rooms to accommodate partners	x	x	x
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis, extended NVP prophylaxis and DBS sample collection at six weeks and repeated at six months for HIV exposed babies with improved cohort documentation in tracking register	x	x	x
	Strengthen documentation of services in supported facilities	x	x	x
	Continue working with PMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	x
	Work in collaboration with CARE to promote and strengthen male involvement through incorporation of messages on male involvement in eMTCT and family planning service. Also promote formation of male groups within the groups to help in male involvement	x	x	x
	Continue implementation of exchange visits for learning purposes in selected model sites for eMTCT	x	x	x
	Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities	x	x	x
	Strengthen eMTCT outreach in peri-urban and remote areas including the use of mobile clinics, linkages to ART services and the	x	x	x

Objectives	Planned Activities	2013		
		Oct	Nov	Dec
	utilization of community volunteers to mobilize pregnant women and their partners to access eMTCT services			
	Revise and print 1000 copies of updated Job aids in line with option B+ and distribute them to supported facilities.	x	x	x
	Integrate family planning and HIV services and improve access of FP services through effective referrals, and promote prevention with positives.	x	x	x
1.3: Expand treatment services and basic health care and support	Conduct monthly, comprehensive technical assistance (TA) visits to ART and selected PMTCT/CT facilities across six provinces to support expansion and provision of quality, gender sensitive ART services that includes provision of prophylaxis and treatment of OIs , palliative care, PEP, nutritional and adherence counseling and linked to OPD, in-patient, STI, TB, C&T, ANC/MCH, and Youth Friendly Services, using MOH standards/guidelines	x	x	x
	Conduct ART/OI trainings for HCWs (ART/OI, ART/OI refresher, ART In-house, ART/OI Mop-up, pediatric ART, and Adherence counseling)	x	x	x
	Conduct on site evaluation exercise for model sites to assess achievements versus objectives		x	x
	TB/HIV integration by improving documentation in all MOH register as well as collaborative facility meeting	x	x	x
	Implement the early TB-HIV co-management in all supported sites	x	x	x
	Scale up the initiation of HAART for eligible clients in discordant relationships	x	x	x
	Improved PMTCT client linkage through training of MCH nurses in ART/OI for easy assessment and HAART initiation for eligible pregnant women	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Strengthen facility ability to use data for planning through facility data review meeting	x	x	x
	Strengthen the operationalization of the Short Message System (SMS) technology pilot for defaulting clients and fast-tracking DNA PCR HIV test results for EID	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen roll-out and implementation new Post Exposure Prophylaxis (PEP) Register	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	x	x	x
	Support pilot implementation of adolescent transition toolkit for adolescents in high volume sites	x	x	x
	Conduct quarterly mentorship sessions in ten model sites across the ZPCT II provinces	x	x	x
	Supportive supervision to 35 HIV nurse practitioner as part of task shifting on ART prescribing from doctors/clinical officers to nurses	x	x	x
1.4: Scale up male circumcision (MC) services	Conduct monthly, comprehensive technical assistance (TA) visits to 55 facilities across six provinces to support expansion and provision of quality MC services, and integration with CT services, setting up infection Prevention procedures	x	x	x
	Train HCWs in male circumcision from ZPCT II supported Static and selected Outreach sites providing MC services.	x	x	x
	Train HCWs in 6 selected pilot sites using diathermy for improving effeciency			
	Support post-training follow up and on-site mentoring of trained facility staff by UTH in all six provinces	x	x	x
	Orient MC facility teams on Standard Instrument Cleaning and Mainataince in all 55 MC sites	x	x	x
	Conduct 38 VMMC outreach in 38 districts across the supported provinces	x	x	x
	Support five mobile VMMC promotion Campaign program with the	x	x	x

Objectives	Planned Activities	2013		
		Oct	Nov	Dec
	PMO on Community radio.			
	Conduct VMMC community promotion around 50 MC static sites	**x**	**x**	
	Support community mobilization activities for MC in collaboration with CARE	**x**	**x**	**x**
	Conduct onsite orientation training for Lay counselors in VMMC counseling and demand creation techniques	**x**		x
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC				
2.1: Strengthen laboratory and pharmacy support services and networks	Provide support for the printing and dissemination of the revised pharmacy SOPs manual		**x**	**x**
	Participate in the national pharmacovigilance planned activities		**x**	**x**
	Support to the MOH pharmacy mentorship program	**x**	**x**	**x**
	Provide ongoing technical oversight to provincial pharmacy and lab technical officers	**x**	**x**	**x**
	Provide ongoing technical assistance to all the supported sites	**x**	**x**	**x**
	Support the provision of and promoting the use of more efficacious regimens for mothers on PMTCT program	**x**	**x**	**x**
	Assist pharmacy staff to correctly interpret laboratory data such as LFTs and RFTs in patient files as an aspect of good dispensing practice	**x**	**x**	**x**
	Participate in the implementation of the pharmaceutical aspect of the Option B+ strategy in the selected ZPCT II supported pilot sites	**x**	**x**	**x**
	Participate in the Pharmacy component of the POP ART pilot study in selected ZPCT II supported pilot sites	**x**	**x**	**x**
	Support the compilation of the reviewed Commodity management training package	**x**	**x**	**x**
	Participate in national quartely review for ARV drugs for ART and PMTCT programs			**x**
	Support the implementation of the Model Sites mentorship program	**x**	**x**	**x**
	Strengthen pharmaceutical and laboratory services in the private sector	**x**	**x**	**x**
	Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners.	**x**	**x**	**x**
	Strengthen and expand the specimen referral system for DBS, CD4 and other baseline tests in supported facilities	**x**	**x**	**x**
	Train HCWs in equipment use and maintenance, and ART commodity management	**x**		
	Coordinate and support the installation of major laboratory equipment procured by ZPCT II in selected sites	**x**	**x**	**x**
	Promote usage of tenofovir based regimens and newly introduced FDCs ans monitor use of Abacavir baased regimen as alternate 1st line	**x**	**x**	**x**
	Monitoring in use of newly introduced FDCs for paediatric and adult HIV clients in ZPCT II supported ART facilities	**x**	**x**	
	Ensure constant availability, proper storage and inventory control of male circumcision consumables and supplies		**x**	
	Administer QA/QI tools and address matters arising as part of technical support to improve quality of services		**x**	**x**
	Support the dissemination of guidelines and SOPs for laboratory services.	**x**	**x**	
	Support the improvement of laboratory services in preparation for WHO AFRO accreditation at two ZPCT II supported sites.	**x**	**x**	**x**
	Monitor and strengthen the implementation of the CD4 testing EQA program .	**x**	**x**	**x**
	Support the collection of results from further rounds of HIV EQA program in collaboration with the MOH and other partners at ZPCT II supported facilities		**x**	
	Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities	**x**	**x**	**x**
	Support on the job training of facility staff in monitoring and		**x**	**x**

Objectives	Planned Activities	2013		
		Oct	Nov	Dec
	reporting of ADRs in support of the national pharmacovigilance program.			
2.2: Develop the capacity of facility and community-based health workers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.				
	Training for Human Resource personnel at PMO, DMO in Annual performance appraisal system (APAS), in Luapula Province	x		
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
Public-Private Partnerships – Private health facilities	Conduct technical assistance visits (as part of TA visits described above) to 24 private sector facilities to implement quality CT, PMTCT, clinical/ART, MC, laboratory and pharmacy services, and integration into MOH National Logistics and M&E Systems.	x	x	x
	Identify and assesses 6 new PPP sites to meet the COP target	x	x	
	Conduct training for health care workers in CT, PMTCT, family planning, ART, MC (where feasible), pharmaceutical services management and laboratory services as part of the trainings	x	x	x
	Providing on-site post training mentorship to ensure MOH standards are followed and this will include provision of job aids, national protocol guidelines, standard operating procedures (SOPs) and regular technical assistance on their usage	x	x	x
	Work with 10 new none accredited PPP sites to reach accreditation for linkage to MOH ARV program	x	x	x
	Identify and Work with MOH contact person to facilitate the process of linking accredited PPP clinics to the MOH commodity supply chain for ARVs, where feasible in line with the MOH guidelines/policies	x	x	x
	Provide Mentorship in data collection in all 24 PPP sites using MOH data collection tools in line with the "MOH three ones principle" on monitoring and evaluation, as part of TA visits described above	x	x	x
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.				
	No activities planned			
M&E and QA/QI				
	Update GIS coordinates, in conjunction with MOH, for Health Facilities which are not yet mapped			x
	Update and maintain PCR Lab Database, training database and M&E database	x	x	x
	Provide on-site QA/QI technical support in two provinces			x
	Support provincial QI coaches in implementation & documentation of QI projects in health facilities			x
	Facilitate the implementation of QAQI systems in MC sites on the Copperbelt			x
	Provide technical support to SmartCare in conjunction with MOH and other partners	x	x	
	Provide M&E support to model sites		x	
	Provide field support to Chronic Health Care checklist and MC and PCR databases in selected Copperbelt sites		x	x
	SI unit participation in the SmartCare national training for the national upgrade.	x	x	x

Objectives	Planned Activities	2013		
		Oct	Nov	Dec
	National SmartCare training targeting the provincial health staff.		x	
Program Management				
Program	Monitor implementation of monitoring plan and tools by provincial offices	x	x	x
	Approval of contracts for new renovations for year four	x	x	
	Amendment of recipient agreements and subcontracts	x	x	
	Delivery of equipment and furniture to ZPCT II supported facilities		x	x
	Training of ASWs, conduct community mobile CT and community-facility referrals for CT, PMTCT, and MC	x	x	x
	Facilitate district referral network meetings	x	x	x
	Provide sub grants to selected CBOs/NGOs		x	x
Capacity Building	Conduct eight refresher trainings in Planning, Governance, HR and Finance in North-Western, Northern, Copper belt, Luapula and Central Provinces.	x	x	x
	Facilitate Human Resources and Finance mentorships in 46 districts	x	x	x
	Facilitate collection of management Indicators in 25 graduated districts	x	x	x
	Submit report on Indicators/mentorships to ZPCT II Lusaka office			x
Gender	Backstop provincial trainings for gender integration and GBV screening and referral.	x	x	x
	Monitor the use of GBV service providers mapping in referral of survivors of GBV to complementary services.	x	x	x
	Monitor the use of the QA/QI checklist to strengthen gender integration in ZPCT II programming and service delivery.			x
	Conduct monitoring visits to NWP , Central and Copper belt provinces		x	x
	Attend collaborative meetings with ZPI, Care and COH			x
	Co-facilitate the training in GBV Tool Kit			x
	Facilitate the documentation of gender integration in ZPCT II work.			x
Finance	FHI 360 finance team will conduct financial reviews of FHI field offices, and subcontracted local partners under ZPCT II project	x	x	x
HR	Team building activities for enhanced team functionality		x	x
	Facilitate leadership training for all staff in supervisory positions	x	x	x
	Facilitate total quality management training across ZPCT II for enhanced efficiency and coordination amongst staff			x
	Recruitment of staff to fill vacant positions	x	x	x
IT	Distribute computers to health facilities	x	x	
	Purchase of ZPCT II staff computers	x	x	
	Secure all ZPCT II data by updating Synchronization on staff computers	x	x	
	Secure all ZPCT data by updating electronic filing on the server	x	x	
	Roll out use of private APN to all 3G modems in health facilities improve web2sms services	x	x	
	Update equipment inventories for ZPCT offices and health facilities	x	x	
	Gather list of obsolete equipment for all ZPCT offices and identify and donate to beneficiaries	x	x	x
	Install LANs and network Smartcare computers in 75 health facilities	x	x	x

ANNEX D: ZPCT II Supported Facilities and Services

Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Kabwe	1. Kabwe GH	Urban	◆2	◆	◆	◆	◆3		
	2. Mahatma Gandhi HC	Urban	◆1	◆	◆	◆	◆3		
	3. Kabwe Mine Hospital	Urban	◆2	◆	◆	◆	◆3		⦿1
	4. Bwacha HC	Urban		◆	◆	◆	◆3		
	5. Makululu HC	Urban	◆1	◆	◆	◆	◆3		
	6. Pollen HC	Urban	◆1	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆1	◆	◆	◆	◆3		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆1	◆	◆	◆	◆3		
	11. Ngungu HC	Urban	◆1	◆	◆	◆	◆3		⦿1
	12. Natuseko HC	Urban	◆1	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆		◆	
	17. Kalwelwe RHC	Rural		◆	◆	◆		◆	
Mkushi	18. Mkushi DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	19. Chibefwe HC	Rural		◆	◆	◆		◆	
	20. Chalata HC	Rural	◆1	◆	◆	◆	◆	◆	
	21. Masansa HC	Rural	◆1	◆	◆	◆	◆3		⦿1
	22. Nshinso HC	Rural		◆	◆	◆		◆	
	23. Chikupili HC	Rural		◆	◆	◆		◆	
	24. Nkumbi RHC	Rural		◆	◆	◆			
	25. Coppermine RHC	Rural		◆	◆	◆			
Serenje	26. Serenje DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	27. Chitambo Hospital	Rural	◆2	◆	◆	◆	◆3		⦿1
	28. Chibale RHC	Rural		◆	◆	◆		◆	
	29. Muchinka RHC	Rural		◆	◆	◆		◆	
	30. Kabundi RHC	Rural		◆	◆	◆		◆	
	31. Chalilo RHC	Rural		◆	◆	◆		◆	
	32. Mpelembe RHC	Rural	◆1	◆	◆	◆	◆	◆	
	33. Mulilima RHC	Rural		◆	◆	◆		◆	
	34. Gibson RHC	Rural		◆	◆	◆			
	35. Nchimishi RHC	Rural		◆	◆	◆			
	36. Kabamba RHC	Rural		◆	◆	◆			
	37. Mapepala RHC	Rural		◆	◆	◆		◆	
Chibombo	38. Liteta DH	Rural	◆2	◆	◆	◆	◆3		⦿1
	39. Chikobo RHC	Rural		◆	◆	◆		◆	
	40. Mwachisompola Demo Zone	Rural	◆1	◆	◆	◆	◆3		
	41. Chibombo RHC	Rural		◆	◆	◆		◆	⦿1
	42. Chisamba RHC	Rural	◆1	◆	◆	◆	◆3		
	43. Mungule RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	44. Muswishi RHC	Rural		◆	◆	◆		◆	
	45. Chitanda RHC	Rural		◆	◆	◆	◆[3]		
	46. Malambanyama RHC	Rural		◆	◆	◆		◆	
	47. Chipeso RHC	Rural		◆	◆	◆		◆	
	48. Kayosha RHC	Rural	◆[2]	◆	◆	◆		◆	
	49. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	50. Malombe RHC	Rural		◆	◆	◆		◆	
	51. Mwachisompola RHC	Rural		◆	◆	◆		◆	
	52. Shimukuni RHC	Rural		◆	◆	◆		◆	
Kapiri Mposhi	53. Kapiri Mposhi DH	Urban		◆	◆	◆	◆[3]		
	54. Kapiri Mposhi UHC	Urban	◆[2]	◆	◆	◆	◆[3]		
	55. Mukonchi RHC	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	56. Chibwe RHC	Rural		◆	◆	◆		◆	
	57. Lusemfwa RHC	Rural		◆	◆	◆		◆	
	58. Kampumba RHC	Rural	◆[1]	◆	◆	◆		◆	
	59. Mulungushi RHC	Rural		◆	◆	◆		◆	
	60. Chawama UHC	Rural		◆	◆	◆		◆	
	61. Kawama HC	Urban		◆	◆	◆		◆	
	62. Tazara UHC	Rural		◆	◆	◆		◆	
	63. Ndeke UHC	Rural		◆	◆	◆		◆	
	64. Nkole RHC	Rural	◆[1]	◆	◆	◆		◆	
	65. Chankomo RHC	Rural		◆	◆	◆		◆	
	66. Luanshimba RHC	Rural		◆	◆	◆		◆	
	67. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	68. Chipepo RHC	Rural		◆	◆	◆		◆	
	69. Waya RHC	Rural	◆[1]	◆	◆	◆		◆	
	70. Chilumba RHC	Rural		◆	◆	◆		◆	
Mumbwa	71. Mumbwa DH	Urban		◆	◆	◆	◆[3]		⦿[1]
	72. Mumbwa UHC	Urban		◆	◆	◆			
	73. Myooye RHC	Rural		◆	◆	◆		◆	
	74. Lutale RHC	Rural		◆	◆	◆		◆	
	75. Mukulaikwa RHC	Rural		◆	◆	◆		◆	
	76. Nambala RHC	Rural		◆	◆	◆			
Itezhi Tezhi	77. Itezhi Tezhi DH	Urban	◆[2]	◆	◆	◆	◆[3]		
	78. Masemu RHC	Rural		◆	◆	◆	◆		
	79. Kaanzwa RHC	Rural		◆	◆	◆		◆	
Totals			**26**	**79**	**79**	**79**	**28**	**50**	**10**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services** ⦿ **MC sites** ⦿[1] **MC services initiated**	**1 = ART Outreach Site** **2 = ART Static Site** **3 = Referral laboratory for CD4**

Copperbelt Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Ndola	1. Ndola Central Hospital	Urban	◆2	◆	◆	◆	◆3		
	2. Arthur Davison Hospital	Urban	◆2		◆	◆	◆3		
	3. Lubuto HC	Urban	◆1	◆	◆	◆	◆3		
	4. Mahatma Gandhi HC	Urban	◆1	◆	◆	◆	◆3		
	5. Chipokota Mayamba HC	Urban	◆1	◆	◆	◆	◆3		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆	◆	◆	⦿1
	12. Kansenshi Prison Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆1	◆	◆	◆		◆	
	15. New Masala Clinic	Urban	◆1	◆	◆	◆	◆3		
	16. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	17. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	18. Twapia Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	19. Zambia FDS	Urban	◆2	◆	◆	◆		◆	⦿1
	20. Itawa Clinic	Urban		◆	◆	◆		◆	
Chingola	21. Nchanga N. GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	22. Chiwempala HC	Urban	◆1	◆	◆	◆	◆3		
	23. Kabundi East Clinic	Urban	◆1	◆	◆	◆	◆3		⦿1
	24. Chawama HC	Urban	◆2	◆	◆	◆	◆	◆	⦿1
	25. Clinic 1 HC	Urban	◆1	◆	◆	◆	◆	◆	
	26. Muchinshi Clinic	Rural	◆1	◆	◆	◆		◆	
	27. Kasompe Clinic	Urban		◆	◆	◆		◆	
	28. Mutenda HC	Rural		◆	◆	◆		◆	
	29. Kalilo Clinic	Urban		◆	◆	◆		◆	
Kitwe	30. Kitwe Central Hospital	Urban	◆2	◆	◆	◆	◆3		
	31. Ndeke HC	Urban	◆1	◆	◆	◆	◆3		
	32. Chimwemwe Clinic	Urban	◆1	◆	◆	◆	◆3		
	33. Buchi HC	Urban	◆1	◆	◆	◆	◆3		
	34. Luangwa HC	Urban	◆1	◆	◆	◆	◆3		⦿1
	35. Ipusukilo HC	Urban	◆1	◆	◆	◆	◆	◆	⦿1
	36. Bulangililo Clinic	Urban	◆1	◆	◆	◆	◆	◆	⦿1
	37. Twatasha Clinic	Urban		◆	◆	◆		◆	
	38. Garnatone Clinic	Urban			◆	◆		◆	
	39. Itimpi Clinic	Urban		◆	◆	◆		◆	
	40. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	41. Kawama Clinic	Urban	◆1	◆	◆	◆	◆3		
	42. Kwacha Clinic	Urban		◆	◆	◆		◆	
	43. Mindolo 1 Clinic	Urban	◆2	◆	◆	◆	◆	◆	
	44. Mulenga Clinic	Urban	◆1	◆	◆	◆		◆	
	45. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	46. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	47. ZAMTAN Clinic	Urban	◆1	◆	◆	◆	◆	◆	⦿1
	48. Chavuma Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	49. Kamfinsa Prison Clinic	Urban	◆2	◆	◆	◆		◆	
	50. Mwekera Clinic	Urban		◆	◆	◆		◆	
	51. ZNS Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	52. Riverside Clinic	Urban	◆2	◆	◆	◆	◆	◆	
	53. Thompson DH	Urban	◆2	◆	◆	◆	◆3		
	54. Roan GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	55. Mikomfwa HC	Urban		◆	◆	◆		◆	
	56. Mpatamatu Sec 26 UC	Urban	◆1	◆	◆	◆	◆	◆	
Luanshya	57. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	58. Mikomfwa Urban Clinic	Urban		◆	◆	◆		◆	
	59. Section 9 Clinic	Urban		◆	◆	◆		◆	
	60. Fisenge UHC	Urban		◆	◆	◆		◆	
	61. New Town Clinic	Urban		◆	◆	◆		◆	
	62. Kamuchanga DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	63. Ronald Ross GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	64. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	65. Kansunswa HC	Rural		◆	◆	◆		◆	
Mufulira	66. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	67. Mokambo Clinic	Rural		◆	◆	◆		◆	
	68. Suburb Clinic	Urban		◆	◆	◆		◆	
	69. Murundu RHC	Rural		◆	◆	◆		◆	
	70. Chibolya UHC	Urban		◆	◆	◆		◆	
	71. Kalulushi GRZ Clinic	Urban	◆2	◆	◆	◆	◆3		⦿1
	72. Chambeshi HC	Urban	◆1	◆	◆	◆	◆	◆	
Kalulushi	73. Chibuluma Clinic	Urban	◆1	◆	◆	◆		◆	
	74. Chati RHC	Rural		◆	◆	◆			
	75. Ichimpe Clinic	Rural		◆	◆	◆			
Chililabombwe	76. Kakoso District HC	Urban	◆2	◆	◆	◆	◆3		⦿1
	77. Lubengele UC	Urban	◆1	◆	◆	◆		◆	
	78. Mushingashi RHC	Rural		◆	◆	◆		◆	
Lufwanyama	79. Lumpuma RHC	Rural	◆1	◆	◆	◆		◆	
	80. Shimukunami RHC	Rural	◆1	◆	◆	◆	◆3		⦿1
	81. Nkana RHC	Rural		◆	◆	◆		◆	
	82. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⦿1
Mpongwe	83. Mikata RHC	Rural		◆	◆	◆	◆	◆	
	84. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
	85. Kashitu RHC	Rural		◆	◆	◆		◆	
Masaiti	86. Jelemani RHC	Rural		◆	◆	◆		◆	
	87. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	⦿1
	88. Chikimbi HC	Rural		◆	◆	◆		◆	
Totals			**43**	**86**	**88**	**88**	**42**	**64**	**17**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿1 **MC services initiated**	**3 = Referral laboratory for CD4**

Luapula Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Chienge	1. Puta RHC	Rural	◆2	◆	◆	◆	◆3		
	2. Kabole RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural		◆	◆	◆		◆	
	5. Luchinda RHC	Rural		◆	◆	◆			
Kawambwa	6. Kawambwa DH	Rural	◆2	◆	◆	◆	◆3		⦿1
	7. Mbereshi Hospital	Rural	◆2	◆	◆	◆	◆3		⦿1
	8. Kawambwa HC	Rural		◆	◆	◆		◆	
	9. Mushota RHC	Rural		◆	◆	◆		◆	
	10. Munkanta RHC	Rural	◆1	◆	◆	◆		◆	
	11. Kawambwa Tea Co Clinic	Urban		◆	◆	◆		◆	
	12. Kazembe RHC	Rural	◆2	◆	◆	◆	◆3		
	13. Mufwaya RHC	Rural		◆	◆	◆			
Mansa	14. Mansa GH	Urban	◆2	◆	◆	◆	◆3		
	15. Senama HC	Urban	◆1	◆	◆	◆	◆3		⦿1
	16. Central Clinic	Urban	◆2	◆	◆	◆	◆3		⦿1
	17. Matanda RHC	Rural		◆	◆	◆		◆	
	18. Chembe RHC	Rural	◆2	◆	◆	◆	◆3		
	19. Buntungwa RHC	Urban		◆	◆	◆		◆	
	20. Chipete RHC	Rural		◆	◆	◆		◆	
	21. Chisembe RHC	Rural		◆	◆	◆		◆	
	22. Chisunka RHC	Rural		◆	◆	◆		◆	
	23. Fimpulu RHC	Rural		◆	◆	◆		◆	
	24. Kabunda RHC	Rural		◆	◆	◆		◆	
	25. Kalaba RHC	Rural		◆	◆	◆		◆	
	26. Kalyongo RHC	Rural		◆	◆	◆			
	27. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	28. Katangwe RHC	Rural		◆	◆	◆			
	29. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	30. Luamfumu RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	31. Mabumba RHC	Rural		◆	◆	◆		◆	
	32. Mano RHC	Rural		◆	◆	◆		◆	
	33. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	34. Mibenge RHC	Rural		◆	◆	◆		◆	
	35. Moloshi RHC	Rural		◆	◆	◆		◆	
	36. Mutiti RHC	Rural		◆	◆	◆		◆	
	37. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	38. Ndoba RHC	Rural		◆	◆	◆		◆	
	39. Nsonga RHC	Rural		◆	◆	◆		◆	
	40. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
	41. Lukola RHC	Rural		◆	◆	◆			
	42. Lubende RHC	Rural		◆	◆	◆			
	43. Kansenga RHC	Rural		◆	◆	◆			
Milenge	44. Mulumbi RHC	Rural		◆	◆	◆		◆	
	45. Milenge East 7 RHC	Rural	◆2	◆	◆	◆	◆		
	46. Kapalala RHC	Rural		◆	◆	◆			
	47. Sokontwe RHC			◆	◆	◆			

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Mwense	48. Mambilima HC (CHAZ)	Rural	◆1	◆	◆	◆	◆3		
	49. Mwense Stage II HC	Rural	◆1	◆	◆	◆	◆3		
	50. Chibondo RHC	Rural			◆	◆		◆	
	51. Chipili RHC	Rural		◆	◆	◆		◆	
	52. Chisheta RHC	Rural		◆	◆	◆		◆	
	53. Kalundu RHC	Rural			◆	◆			
	54. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	55. Kapamba RHC	Rural		◆	◆	◆		◆	
	56. Kashiba RHC	Rural		◆	◆	◆		◆	
	57. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	58. Kawama RHC	Rural		◆	◆	◆		◆	
	59. Lubunda RHC	Rural		◆	◆	◆		◆	
	60. Lukwesa RHC	Rural	◆2	◆	◆	◆		◆	
	61. Luminu RHC	Rural			◆	◆		◆	
	62. Lupososhi RHC	Rural			◆	◆			
	63. Mubende RHC	Rural		◆	◆	◆		◆	
	64. Mukonshi RHC	Rural		◆	◆	◆		◆	
	65. Mununshi RHC	Rural		◆	◆	◆		◆	
	66. Mupeta RHC	Rural			◆	◆			
	67. Musangu RHC	Rural	◆2	◆	◆	◆	◆3		
	68. Mutipula RHC	Rural			◆	◆			
	69. Mwenda RHC	Rural	◆2	◆	◆	◆	◆3		
Nchelenge	70. Nchelenge RHC	Rural	◆2	◆	◆	◆		◆	
	71. Kashikishi RHC	Rural	◆2	◆	◆	◆	◆3		
	72. Chabilikila RHC	Rural	◆2	◆	◆	◆		◆	
	73. Kabuta RHC	Rural	◆2	◆	◆	◆		◆	⦿1
	74. Kafutuma RHC	Rural	◆2	◆	◆	◆		◆	
	75. Kambwali RHC	Rural	◆2	◆	◆	◆		◆	
	76. Kanyembo RHC	Rural	◆2	◆	◆	◆		◆	
	77. Chisenga RHC	Rural	◆1	◆	◆	◆		◆	
	78. Kilwa RHC	Rural	◆1	◆	◆	◆		◆	
	79. St. Paul's Hospital (CHAZ)	Rural	◆2	◆	◆	◆	◆3		
	80. Kabalenge RHC	Rural		◆	◆	◆			
Samfya	81. Lubwe Mission Hospital (CHAZ)	Rural	◆2	◆	◆	◆	◆3		
	82. Samfya Stage 2 Clinic	Rural	◆1	◆	◆	◆	◆3		⦿1
	83. Kasanka RHC	Rural	◆1	◆	◆	◆		◆	
	84. Shikamushile RHC	Rural		◆	◆	◆	◆3		
	85. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	86. Kabongo RHC	Rural		◆	◆	◆		◆	
Totals			**30**	**80**	**86**	**86**	**20**	**52**	**8**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services** ⦿ **MC sites** ⦿1 **MC services initiated**	**1 = ART Outreach Site** **2 = ART Static Site** **3 = Referral laboratory for CD4**

Muchinga Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Nakonde	1. Nakonde RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzo RHC	Rural		◆	◆	◆		◆	
	5. Ntatumbila RHC	Rural	◆1	◆	◆	◆		◆	
	6. Chozi RHC	Rural	◆2	◆	◆	◆		◆	
	7. Chanka RHC	Rural		◆	◆	◆			
	8. Shem RHC	Rural		◆	◆	◆			
Mpika	9. Mpika DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	10. Mpika HC	Urban		◆	◆	◆		◆	
	11. Mpepo RHC	Rural		◆	◆	◆	◆	◆	
	12. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	13. Mpumba RHC	Rural		◆	◆	◆		◆	
	14. Mukungule RHC	Rural		◆	◆	◆		◆	
	15. Mpika TAZARA	Rural	◆2	◆	◆	◆		◆	
	16. Muwele RHC	Rural		◆	◆	◆			
	17. Lukulu RHC	Rural		◆	◆	◆			
	18. ZCA Clinic	Rural		◆	◆	◆			
	19. Chikakala RHC	Rural		◆	◆	◆			
Chinsali	20. Chinsali DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	21. Chinsali HC	Urban		◆	◆	◆		◆	
	22. Matumbo RHC	Rural		◆	◆	◆		◆	
	23. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	24. Lubwa RHC	Rural		◆	◆	◆	◆		
	25. Mundu RHC	Rural		◆	◆	◆			
	26. Mwika RHC	Rural		◆	◆	◆			
	27. Kabanda RHC	Rural		◆	◆	◆			
Isoka	28. Isoka DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	29. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	30. Kalungu RHC	Rural	◆2	◆	◆	◆		◆	
	31. Kampumbu RHC	Rural		◆	◆	◆			
	32. Kafwimbi RHC	Rural		◆	◆	◆			
Mafinga	33. Muyombe	Rural	◆1	◆	◆	◆	◆	◆	
	34. Thendere RHC	Rural		◆	◆	◆			
Totals			**9**	**34**	**34**	**34**	**9**	**16**	**4**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services** ⦿ **MC sites** ⦿1 **MC services initiated**	**1 = ART Outreach Site** **2 = ART Static Site** **3 = Referral laboratory for CD4**

Northern Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Kasama	1. Kasama GH	Urban	◆2	◆	◆	◆	◆3		
	2. Kasama UHC	Urban	◆2	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆1	◆	◆	◆	◆3		
	4. Chilubula (CHAZ)	Rural	◆2	◆	◆	◆	◆3		
	5. Lukupa RHC	Rural	◆2	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆2	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
Mbala	14. Mbala GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	15. Mbala UHC	Urban		◆	◆	◆		◆	
	16. Tulemane UHC	Urban	◆1	◆	◆	◆	◆	◆	
	17. Senga Hills RHC	Rural	◆1	◆	◆	◆	◆	◆	
	18. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	19. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	20. Mpande RHC	Rural		◆	◆	◆			
	21. Mwamba RHC	Rural		◆	◆	◆			
	22. Nondo RHC	Rural		◆	◆	◆			
	23. Nsokolo RHC	Rural		◆	◆	◆			
	24. Kawimbe RHC	Rural		◆	◆	◆			
Mpulungu	25. Mpulungu HC	Urban	◆1	◆	◆	◆	◆3		⦿
	26. Isoko RHC	Rural		◆	◆	◆			
	27. Chinakila RHC	Rural		◆	◆	◆			
Mporokoso	28. Mporokoso DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	29. Mporokoso UHC	Urban	◆1	◆	◆	◆	◆	◆	
	30. Chishamwamba RHC	Rural		◆	◆	◆			
	31. Shibwalya Kapila RHC	Rural		◆	◆	◆			
	32. Chitoshi RHC	Rural		◆	◆	◆			
Luwingu	33. Luwingu DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	34. Namukolo Clinic	Urban		◆	◆	◆		◆	
Kaputa	35. Kaputa RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	36. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	37. Kampinda RHC	Rural		◆	◆	◆	◆	◆	
	38. Kalaba RHC	Rural		◆	◆	◆	◆	◆	
	39. Kasongole RHC	Rural		◆	◆	◆			
Mungwi	40. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	41. Malole RHC	Rural		◆	◆	◆		◆	
	42. Nseluka RHC	Rural	◆2	◆	◆	◆		◆	
	43. Chimba RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	44. Kapolyo RHC	Rural		◆	◆	◆		◆	
	45. Mungwi RHC (CHAZ)	Rural	◆[2]	◆	◆	◆	◆		⦿[1]
	46. Makasa RHC	Rural		◆	◆	◆			
	47. Ndasa RHC	Rural		◆	◆	◆			
Chilubi Island	48. Chaba RHC	Rural		◆	◆	◆		◆	
	49. Chilubi Island RHC	Rural	◆[2]	◆	◆	◆	◆		
	50. Matipa RHC	Rural		◆	◆	◆		◆	
Totals			**17**	**50**	**50**	**50**	**17**	**27**	**6**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

North-Western Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Solwezi	1. Solwezi UHC	Urban	◆2	◆	◆	◆	◆3		
	2. Solwezi GH	Urban	◆2	◆	◆	◆	◆3		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆1	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC	Rural		◆	◆	◆			
	13. Lumwana East RHC	Rural		◆	◆	◆			
	14. Maheba A RHC	Rural		◆	◆	◆			
	15. Mushindamo RHC	Rural		◆	◆	◆			
	16. Kazomba UC	Urban		◆	◆	◆			
	17. Mushitala UC	Urban		◆	◆	◆			
	18. Shilenda RHC	Rural		◆	◆	◆			
Kabompo	19. Kabompo DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	20. St. Kalemba (CHAZ)	Rural	◆1	◆	◆	◆	◆3		
	21. Mumbeji RHC	Rural		◆	◆	◆		◆	⦿1
	22. Kasamba RHC	Rural		◆	◆	◆		◆	
	23. Kabulamema RHC	Rural		◆	◆	◆			
	24. Dyambombola RHC	Rural		◆	◆	◆			
	25. Kayombo RHC	Rural		◆	◆	◆			
	26. Kashinakazhi RHC	Rural		◆	◆	◆			
Zambezi	27. Zambezi DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	28. Zambezi UHC	Urban			◆	◆		◆	
	29. Mize HC	Rural		◆	◆	◆		◆	
	30. Chitokoloki (CHAZ)	Urban	◆1	◆	◆	◆	◆3		
	31. Mukandakunda RHC	Rural		◆	◆	◆			
	32. Nyakulenga RHC	Rural		◆	◆	◆			
	33. Chilenga RHC	Rural		◆	◆	◆			
	34. Kucheka RHC	Rural		◆	◆	◆			
	35. Mpidi RHC	Rural		◆	◆	◆			
Mwinilunga	36. Mwinilunga DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	37. Kanyihampa HC	Rural		◆	◆	◆		◆	
	38. Luwi (CHAZ)	Rural	◆1	◆	◆	◆	◆3		
	39. Lwawu RHC	Rural		◆	◆	◆			
	40. Nyangombe RHC	Rural		◆	◆	◆			
	41. Sailunga RHC	Rural		◆	◆	◆			
	42. Katyola RHC	Rural		◆	◆	◆			
	43. Chiwoma RHC	Rural		◆	◆	◆			
	44. Lumwana West RHC	Rural		◆	◆	◆			
	45. Kanyama RHC	Rural		◆	◆	◆			
Ikelenge	46. Ikelenge RHC	Rural		◆	◆	◆		◆	⦿1

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	47. Kafweku RHC	Rural		◆	◆	◆			
Mufumbwe	48. Mufumbwe DH	Rural	◆[1]	◆	◆	◆	◆[3]		⦿[1]
	49. Matushi RHC	Rural		◆	◆	◆		◆	
	50. Kashima RHC	Rural		◆	◆	◆			
	51. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
Chavuma	52. Chiyeke RHC	Rural	◆[1]	◆	◆	◆	◆[3]		⦿[1]
	53. Chivombo RHC	Rural		◆	◆	◆		◆	
	54. Chiingi RHC	Rural		◆	◆	◆		◆	
	55. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	56. Nyatanda RHC	Rural		◆	◆	◆			
Kasempa	57. Kasempa UC	Urban	◆[1]	◆	◆	◆	◆[3]		⦿[1]
	58. Nselauke RHC	Rural		◆	◆	◆		◆	
	59. Kankolonkolo RHC	Rural		◆	◆	◆			
	60. Lunga RHC	Rural		◆	◆	◆			
	61. Dengwe RHC	Rural		◆	◆	◆			
	62. Kamakechi RHC	Rural		◆	◆	◆			
	63. Mukunashi RHC	Rural		◆	◆	◆			
Totals			**12**	**62**	**63**	**63**	**14**	**20**	**8**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

ANNEX E: ZPCT II Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Central Province									
Kabwe	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban		◆	◆	◆	◆		
Mkushi	4. Tusekelemo Medical Centre	Urban	◆	◆	◆	◆	◆		
Copperbelt Province									
Ndola	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban	◆	◆	◆	◆	◆	◆	
	9. Dr Bhatt's	Urban	◆		◆	◆		◆	
	10. ZESCO	Urban	◆	◆	◆	◆	◆	◆	
	11. Medicross Medical Center	Urban	◆		◆	◆	◆	◆	
	12. Northrise Medical Centre	Urban		◆	◆	◆	◆	◆	
Kitwe	13. Company Clinic	Urban	◆	◆	◆	◆	◆[3]		
	14. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	15. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	16. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	17. SOS Medical Centre	Urban	◆		◆	◆	◆[3]		
	18. Tina Medical Center	Urban	◆	◆	◆	◆	◆[3]		
	19. Carewell Oasis clinic	Urban	◆	◆	◆	◆	◆	◆	
	20. Springs of Life Clinic	Urban	◆	◆	◆	◆		◆	
	21. Progress Medical Center	Urban	◆	◆	◆	◆	◆	◆	
Kalulushi	22. CIMY Clinic	Urban	◆		◆	◆		◆	
Chingola	23. Chingola Surgery	Urban		◆	◆	◆	◆	◆	
Mpongwe	24. Nampamba Farm Clinic	Rural		◆	◆	◆		◆	
Luapula Province									
Mwense	25. ZESCO Musonda Falls	Rural	◆	◆	◆	◆			
North-Western Province									
Solwezi	26. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		⦿[1]
	27. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⦿[1]
	28. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⦿[1]
	29. Chikwa Medics	Urban	◆	◆	◆	◆		◆	
	30. Lifesave Medclinic	Urban	◆	◆	◆	◆		◆	
Totals			**23**	**26**	**30**	**30**	**20**	**17**	**3**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**